

CLIENT CENTERED PLAY THERAPY: AN INVESTIGATION  
OF THE THERAPEUTIC RELATIONSHIP

A Dissertation  
Presented to  
the School of Education  
Drake University

In Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Education

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October 1994

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by Kimary Darr

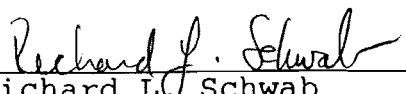
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CLIENT CENTERED PLAY THERAPY: AN INVESTIGATION  
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An abstract of a Dissertation by  
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October 1994  
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Research questions. The development of the therapeutic relationship in a non-directive play therapy setting was investigated through the following questions: (a) How is the development of the therapeutic relationship between the counselor and the child in the play therapy setting enhanced? (b) How do the core conditions manifest themselves in a play therapy setting? (c) How are the feelings and behaviors of the therapist and the child influenced by each other?

Procedures. Data were collected through videotaped play sessions, observations, interviews, supervision sessions, and reflection notes. Four methods of data analysis were utilized in the study.

1. Three case studies were written. Each of the cases was described in detail to aid in the discussion of the development of the play therapy relationship.

2. The verbatim transcripts were analyzed in terms of the core conditions of empathy, unconditional positive regard, and congruence to determine how they manifest themselves in the play therapy setting.

3. The transcripts were reexamined in terms of the process of play therapy. Categories were developed to describe the focus of the therapist responses.

4. The transcripts were examined and passages were selected that would best demonstrate the mutual influence between the therapist and child.

Findings. Based on the analysis of the three cases and the examination of the patterns that emerged, the following propositions were offered:

1. The activity of the therapist has a profound effect on the development of the relationship. Activity refers to the therapist's ability to be alert to the messages the child is sending and to move the process in response to those messages. It is defined in terms of responses, therapeutic conditions, and the awareness of mutual influence.

2. There is an outline of counselor responses that, when followed, enhances the therapeutic nature of the relationship. The area of focus within the outline includes content, feelings, relationship, underlying meaning, and generalization.

3. The core conditions of empathy, unconditional regard, and congruence must exist in play therapy as in any therapeutic relationship.

4. The awareness of the mutual influence between the child and the therapist aids in the movement through the process of counseling.

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## Chapter 1

### INTRODUCTION

Historically, few resources have been directed toward dealing with the behavioral disorders of children. Adams (1975) has documented that substantial amounts of money designated for therapy of children is used to support work with adults who also happen to have children. As he stated:

Children are parapeople - the recipients of paraservices, assigned to paraprofessionals and always reached indirectly, through parents, through teachers, through pediatricians, through courts, through anyone except children themselves. (p. 18)

Further, research on child psychotherapy has been "no match in quantity or quality for that with adults" (Barrett, Hampe, & Miller, 1978, p. 412).

Child psychotherapy, in general, has not been treated as a separate entity in the field of counseling. And, according to Pehrsson (1991), counseling with children is different than counseling with adults. Theories and techniques originally developed for adults do not work with children (p. 204).

However, play therapy has emerged as a viable approach to counseling with children. This shift has occurred largely because child therapists have come to understand that play is the "child's medium of self-expression" (Axline, 1969, p. 73). Harter (1983) asserted that

cognitive development factors influence the child's understanding of emotions, motives, and the self, and that very young children prefer to "act-out" thoughts, fantasies, and conflicts rather than talk about them. Verbal facility for such expression is weak. Further, the young child simply avoids discussing that which causes immediate anxiety and discomfort. Harter (1983) stated that the child calls upon "numerous defenses and resistances to prevent the surfacing of threatening material" (p. 97). This child has the tendency to externalize conflict. For many children, the very ability to think about one's thinking, to reflect on one's thoughts, may simply not be present. Further, up until age 9, children can only acknowledge the existence of one feeling at a time (Harter, 1983). Because of this knowledge concerning developmental issues, it is believed that play is to children what verbalization is to adults (Landreth, 1987). As Klein (1955) stated, "the child's play and varied activities, in fact his whole behavior, are means of expressing what the adult expresses predominantly by words" (p. 224). More recently, Mills and Allan (1991) have asserted that "play is the language of the young child and it is through play that the child naturally comes to understand his or her complex world" (p. 9).

## Historical Development

There have been various theoretical developments concerning the process and outcome of play therapy. Psychotherapy with children began with Sigmund Freud and his work with Little Hans (Freud, 1955). Through the use of the observations and data collected by the father regarding his five-year-old son's thoughts and behaviors, including his play, Freud was able to analyze Hans' fears and offer therapeutic advice to the parents. This was the first use of play in therapy, although it appeared in quite an indirect manner. Some therapy with play was done by Hug-Hellmuth (1921), but she did not develop any specific technique. She used play in order to induce children to accept psychoanalysis more readily. She believed it was a valuable tool, "and in the case of very young patients, very often play will enact an important part throughout the whole treatment" (p. 295).

It was not until the 1920s that play was used extensively with children in therapy. Anna Freud and Melanie Klein were pioneers in this area. A. Freud, like Hug-Hellmuth, used play primarily as a way to gain rapport with the child. She did not believe that children could enter into and understand psychoanalysis in the way adults did. Freud (1964) believed that the child was not capable of fulfilling the basic rules as they were formulated for

adult patients. Freud differed from Klein on this point. Klein believed that through play, a child will free associate and work through transference issues. By analyzing how the child transfers to the therapist earlier experiences and feelings towards his or her parents, psychoanalysts attempt to understand the child's psyche and reveal this insight to the child. A. Freud disagreed with Klein in the use of interpretations; she viewed them as excessive and extreme. A. Freud saw children as immature and dependent. Klein had far greater faith in children. This is evident when she wrote "one of the many interesting and surprising experiences is to find in even very young children a capacity for insight which is often far greater than that of adults" (1955, p. 233). In comparing the two techniques, A. Freud used play as a precursor to analysis and Klein used play as the means of analysis.

In the 1930s, another therapy emerged with the contributions of Levy. He formulated release therapy, a structured play therapy approach designed for children experiencing trauma. The therapy was used for highly specific problems with easily identifiable symptoms. The idea was to cure the child or to fix the specific problem. Children who had complex problems or unhealthy family relationships were not accepted for release therapy. Levy (1938) did not view play for children as the equivalent of

free association for adults. He believed that imaginative play was an important method of getting rid of the tensions arising out of anxiety. In contrast to Klein, Levy did not see release therapy as an appropriate place for interpretation. "The methodological principle of release therapy is in the use of the acting-out principle to the highest degree. In release therapy the interpretive function of the therapist is reduced to a minimum" (p. 716). He believed, though, that release therapy could be used in combination with other methods. "It may be wise to get release of feeling, especially of hostility . . . as a prelude to giving the child insight into the nature of his attitude" (p. 718).

Another structured play therapy, called active play therapy, was developed as an outgrowth of release therapy. As the name suggests, the therapist takes a very active role in these play sessions. The goal is to ascertain all that can be learned from the child and at the same time "direct the future thinking of the child by means of therapeutic suggestion" (Solomon, 1938, p. 480). This method varies from others in that there is little or no free play; the child takes part in play situations that are specially designed. Solomon stated:

The key principle of the medium of expression lies in the fact that the child need not discuss himself. He projects his problems on a strange doll so that the interviews are conducted exclusively in the third

person. The therapist at no time is supposed to let the child feel that the play concerns him. (p. 481)

Active play therapy is in direct contrast to play analysis in regard to transference. The child and therapist have a relationship to a degree, but the therapist "as a rule does not become a portion of the life drama. The (therapist) may not be entirely apart from the whole scene, yet he does not seek interpretations which involve himself" (p. 496).

Solomon further asserted that his view also differed from the relationship technique.

Solomon was referring to the relationship view of therapy that emerged at about the same time as the various types of structured play therapy. Allen (1934) was a pioneer in the formation of the relationship model. His theory was a precursor to Rogerian principles.

In contrast to other theories, the relationship approach does not seek to change or fix the child. The first principle of this theory involves the acceptance of the child or adult as he or she is. Allen stated that this:

is indicative of my respect for his capacity to work on his problems, and to achieve a healthier expression of himself through the type of relation I enable him to have with me as a therapist. If I can create a relation in which the child or adult feels that he is accepted at the point he is in growth - rebellious, hostile, fearful, or what not - then that person has an opportunity to go ahead with those difficulties that are most concerning him. (p. 196)

The second principle follows the first in logical sequence, and relates to the outcome of the therapy. Allen believed

it is important to recognize the limitations of the therapist:

My willingness to accept my limitation in being responsible for "curing" allows for a quicker assumption of responsibility on the part of the patient both for himself and for the job of relating himself to his own living realities. (p. 196)

The third principle is that the relationship between therapist and client has therapeutic value in and of itself. In other theories, the relationship is merely a means to an end. Allen viewed the relationship "as a present reality which affords the patient a clarifying milieu, not as a representation of another person, past or present, but because of what he is experiencing with me at the moment" (p. 197). Further, in regard to the content of the interview, Allen did not see any "therapeutic value in utilizing facts that have been acquired from others. The knowledge is valuable in giving understanding of what are the child's difficulties, but I can see no value in making the child talk about these things unless he wants to" (p. 198). More specifically, Allen went on to say that the "actual content of the play becomes of less importance than the use he is making of it to me" (p. 199). Finally, Allen believed that therapy should be non-directive, but not inactive. The job of the therapist is to "create a natural relation in which the patient can acquire a more adequate acceptance of self, a clearer conception of what he can do

and feel in relation to the world in which he continues to live" (p. 201).

This theory was further developed by Rogers (1942). He took the concepts of the relationship view and, over time, created what is known as non-directive or client-centered therapy. Rogers began in the mode of clinician and diagnostician as was popular in his day, but as he began to work more and more with people, he began to understand that the "individual in trouble was the one best able to determine how far he could comfortably go" (Lebo, 1953, p. 106). As time went on, information-giving was dropped from Rogers' treatment technique completely. He no longer found case histories, tests, or interpretation useful in therapy. He believed case histories interfered with the process and that interpretations were ineffective unless accepted by the individual. His newer approach of non-directive therapy had "a genuinely different goal" (Rogers, 1942, p. 328). Client-centered therapy differed from other therapies in many ways. Mainly, it was in the fact that emphasis was put on the individual's capacity for growth. "In most, if not all individuals, there exist growth forces, tendencies toward self-actualization which may act as the sole motivation for therapy" (Rogers, 1946, p. 418). The relationship between the client and therapist is not only important, but unique: "we have come to realize that if we



can provide understanding of the way the client seems to be at this moment, he can do the rest" (1946, p. 421). Rogers (1957) believed that the relationship is the reason for therapeutic change. Further, he outlines that congruence, unconditional positive regard and empathy are the necessary core conditions of a therapeutic relationship.

Axline (1969) then took the principles of non-directive theory and applied them specifically to working with children in play therapy. In her own words:

Non-directive play therapy may be described as an opportunity that is offered to the child to experience growth under the most favorable conditions. Since play is his natural medium for self-expression, the child is given the opportunity to play out his accumulated feelings of tension, frustration, insecurity, aggression, fear, bewilderment, confusion. (p. 16)

Axline (1969) agreed with Allen (1934) in that although the role of the therapist is non-directive, it is not passive or inactive. She believed that the therapist "requires alertness, sensitivity, and an ever-present appreciation of what the child is doing and saying. It calls for understanding and a genuine interest in the child" (p. 62). Axline did not see that interpretation should be utilized in the play session; she believed that the therapist should leave that responsibility and the direction to the child. She described the play experience as one in which there is "honesty, frankness, and vividness. The child's feelings, attitudes and thoughts unfold themselves,

twist and turn and lose their sharp edges. The child learns to understand himself and others a little better" (1950, p. 68).

Today, many theorists adhere to Axline's principles. Landreth (1991) believed, too, that the therapist is active in the process of the play therapy experience, "not in the sense of directing or managing the experience, but by being directly involved and genuinely interested in all of the child's feelings and decisions" (p. 99). Landreth did not see the role or responsibility of the therapist as reshaping children's lives or changing the child in some specific way. The change comes about because of the relationship itself. As Landreth (1991) said,

The therapist is working hard at creating an atmosphere conducive to the building of a relationship with the child. The difference is created because the time together is child-centered, and the child is allowed to be separate from the therapist. The child is viewed as a capable and unique individual. A difference is created because the therapist has great respect for the child. (p. 89)

This is because "whatever is important or necessary for children's growth already exists in children" (p. 99).

### Significance of the Study

Because this study is designed to examine the process of play therapy, it is important to discuss the specifics of that method of research. Process is defined as the nature of the relationship between individuals who are interacting

with each other (Rogers, 1957). James (1977) delineated it further by stating that it involves the interactions which occur during the course of the total play experience. In essence, when one examines process, one is able to experience the ebb and flow of the relationship. Process research, then, analyzes what occurs within the counseling session. Studies focus on the counselor and the client as well as the interaction between the two.

According to Phillips (1985), play therapy research questions ask about "what actually happens in play therapy. What does the therapist do? What does the child do? What play occurs in the course of treatment: What is said, and by whom? What are the therapist-child interactional contingencies, if any?" (p. 754).

Hill (1981) stated there are three general purposes for process research. The first is to describe events or to answer the question "What happens in the counseling session or treatment?" The second purpose is to show change in client within-session behavior. The third goal is to link process to outcome to determine how client changes come about. The first two purposes are usually connected with descriptive research designs; the third goal is accomplished through correlational or experimental research designs.

Hendricks (1971) asserted that play therapy is a recognized treatment method for helping emotionally and/or

socially maladjusted children. As such, "outcomes of play therapy in various cases have been investigated; yet there is little verified, systematic knowledge on the process" (p. 3) or on the therapist-child relationship in play therapy. Much of the literature discusses process and its related issues, but only a very few pieces focus on the study of process. There simply is not enough information that describes or provides understanding into the process of play therapy in detail. Past attempts at research on play therapy have not focused on process, according to Howe and Silvern (1981). "Most studies have focused only on outcome, not process, and thus the concern has been only with changes in behavior occurring outside the playroom" (p. 169). According to Phillips (1985), previous research on process is sparse. Hannah (1986) agreed when he said that scant research exists which directly addresses the issue of the process of play therapy without inseparably linking it to outcome.

Process has often been viewed from the perspective of the child. Various scales have been established that analyze and describe child response categories. Other studies have analyzed the responses of the therapist. However, as Hill (1981) stated, "ratings tend to obscure data by providing only a number rather than a description of behavior" (p. 15). These scales do not describe either the

process of play therapy or the relationship between the therapist and the client. Further, many anecdotal accounts discuss how the play therapist's behavior affects the child rather than focusing on the fact that both mutually influence the other.

Process research must encompass the whole of the therapeutic experience. As Hill (1981) explained, "the total gestalt of the counseling experience needs to be considered" (p. 16). In other words, the process becomes the whole, which is greater than the sum of its parts.

The relationship as a whole has been neglected in the research on play therapy. As Pehrsson (1991) asserted, there is no theory that explains the underlying process of play therapy. Research which explores the process of client-centered play therapy is needed. Because the relationship is the key element to the success of therapy, examining the process will provide valuable information for play therapists.

### Purpose of the Study

The purpose of this study is to provide understanding into the nature of the relationship that develops between the counselor and the client in a non-directive play therapy setting. More specifically, the study examines non-directive play therapy relationship in terms of the

underlying core conditions of congruence, unconditional positive regard, and empathy. In his work with adults, Rogers (1957) showed that these core conditions are necessary for therapeutic change. However, techniques and theories that apply to working with adults do not necessarily achieve the same results with children (Pehrsson, 1991). Therefore, the ways in which the core conditions manifest in a play therapy experience should be examined.

### Context of the Study

The study was conducted in the Drake University Counseling Practicum Clinic, where master's level counseling students obtain supervised training. In this study, the counselors were graduate students who had also participated in other experiential classes such as Introduction to the Therapeutic Relationship and Individual Counseling Practicum. The counselors in the study were enrolled in Play Therapy Practicum. The children in the study were referred to the Clinic from the Des Moines metro area. Parents, school, and community agencies are all sources of referral. The class ran for one semester and the play therapy experience lasted approximately 10 weeks. The observations terminated following those sessions.

## Research Design

Because the relationship as a whole is basically an unexplored area in the research on client-centered play therapy, qualitative methodology was selected. As Hill (1981) stated, this type of research is "particularly valuable at an early stage of theory-building" (p. 15). Bogdan and Biklen (1982) outline the five basic features of qualitative research: (a) the natural setting is the direct source of data, the researcher is the key instrument; (b) the qualitative study is descriptive in nature; (c) it is concerned with process rather than outcome or product; (d) the analysis of data is inductive; and (e) the participant perspectives illuminate the inner dynamics of the situation.

The goal was to provide a thick, rich description about the relationship between the therapist and child in a play therapy setting. The relationship was examined through the core conditions of congruence, unconditional positive regard and empathy, the necessary components with which a counselor builds a therapeutic relationship. By observing and analyzing how these core conditions presented themselves in the play therapy relationship, the researcher identified emerging themes and created categories which were the basis for theory building. As Pehrsson (1991) stated, "without a strong and consistent theoretical base, there is little

understanding of what play therapy is and why it works" (p. 13).

### Research Questions

The questions that guided the study are:

1. How is the development of the therapeutic relationship between the counselor and the child in the play therapy setting enhanced?
2. How do the core conditions manifest themselves in a play therapy relationship?
3. How are the feelings and behaviors of the therapist and the child influenced by each other?



## Chapter 2

### REVIEW OF THE RELATED LITERATURE

In the introduction to Axline's Play Therapy, Rogers wrote that one can open the door of the inner world of childhood through play therapy (Hendricks, 1971). He believed that the play therapy relationship releases the curative forces which exist within each child. Rogers stated "children find the strength necessary to look squarely at themselves, to accept themselves, and to work out a constructive adjustment to the difficult reality in which they live" (Axline, 1947, pp. vii-viii).

In this chapter, the following aspects of play therapy will be discussed: the relationship; the play therapy session (specifically the setting, the counselor, and the child); and the research on the process of play therapy. Each of these sections will be a comprehensive review of the research done on that topic. These areas have been chosen for review because they are the elements most basic to the study of the process of play therapy (Pehrsson, 1991; Waterland, 1970).

#### The Relationship

The relationship is the fundamental therapeutic foundation of the play therapy experience. Rogers (1957)

defined relationship as "two persons in psychological contact" (p. 95). The relationship between counselor and client evolves over time. Axline (1950) described it as a cumulative, integrative process.

According to Rogers (1957), significant change does not occur except in the context of such a relationship. He believed that the relationship is the catalyst for the therapeutic change. Therapeutic change includes:

change in the personality structure both on the surface and on a deeper level; greater integration; less internal conflict; more energy utilizable for effective living; change in behavior away from behaviors generally regarded as inappropriate and toward behaviors regarded as appropriate. (p. 95)

Within the person-centered theory as authored by Rogers (1957), the following, when communicated, are the necessary and sufficient conditions of therapeutic personality change: congruence, unconditional positive regard, and empathy. Rogers viewed these conditions as "necessary to initiate constructive change and sufficient when taken together to inaugurate that process" (p. 95). VanderVeen (1967) agreed with Rogers, stating: "when the therapist is perceived by both patient and therapist as genuine, empathic, and acceptant, then both behave in ways that foster the patient's personal exploration of problems which in turn leads to successful therapy outcome" (p. 302).

Congruence refers to the therapist's awareness of him or herself (Rogers, 1957). The therapist must be able to

accept and be aware of self; otherwise she or he will have the tendency to project or to judge. Second, congruence, also referred to as genuineness, is demonstrated when a therapist's words match his or her feelings. Rogers (1957) stated congruence is present when "the therapist is integrated in the relationship" (p. 96). Kiesler, Rogers, Gendlin, and Truax (1967) say that congruence is determined by "the degree to which the therapist communicates, honestly and without artificiality, his feelings toward the client at the moment of their occurrence in the interaction" (p. 581). According to Lambert, DeJulio, and Stein (1978), "genuineness is the extent to which the therapist is non-defensive, real and 'non-phony' in his interactions with the client" (p. 468).

Unconditional positive regard, or acceptance on the part of the therapist, means that he or she has a deep and genuine caring concern for the client as a person (Truax, 1962). When the counselor has unconditional positive regard, she or he is able to jump into the client's experience. Truax (1962) explained this through the following:

Unconditional positive regard means the acceptance of the patient as a person with human potentialities. It involves a nonpossessive caring for the patient as a separate person and thus, a willingness to share equally the patient's joys and aspirations or his depressions and failures. The client is viewed "as a separate person with permission to have his own feelings and experiences." (p. 2)

Lambert et al. (1978) agreed with this view by defining acceptance as "the extent to which the therapist communicates nonevaluative caring and positive regard for the client while respecting the client as a person" (p. 468). In accepting the client, the therapist does not try to analyze, but simply to hear the client and share in his or her experience.

Empathy is the third of the necessary and sufficient conditions of change. As Rogers (1957) illustrated:

Empathy is to sense the client's private world as if it were the therapist's own, but without ever losing the 'as if' quality; to sense the client's anger, fear or confusion as if it were one's own without one's own anger fear or confusion getting bound up in it. (p. 99)

Empathy has no meaning without congruence and unconditional positive regard. Empathy helps the client by allowing the client to hear and understand exactly what is being said. It involves speaking in the client's language and using the client's frame of reference to understand the feelings and sharing one's experience of them. Truax (1961) pointed to an important issue:

Empathy involves more than just the ability of the therapist to sense the patient's private world as if it were his own. It also involves more than just the ability of the therapist to know what the client means. Accurate empathy involves both the sensitivity to current feelings and the verbal facility to communicate this understanding in a language attuned to the client's current feelings. (p. 1)

Therefore, empathy is not only the understanding of the client, but also the communication of that understanding.

Lambert et al. (1978) concurred that accurate empathy is "the degree to which the therapist is successful in communicating his awareness and understanding of the client's current feelings in language that is attuned to that client" (p. 468).

Axline (1969) based her approach to play therapy upon Rogers' belief system. The basic principles of her theory can be correlated to Rogers' core conditions. Four of these principles relate to the condition of positive regard:

1. the therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible;
2. the therapist accepts the child exactly as he is;
3. the therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely;
4. the therapist maintains a deep respect for the child's ability to solve his own problems if given the opportunity to do so. The responsibility to make choices and to institute change is the child's. (p. 73)

The second group of principles align with the condition of congruence in that they assert the therapist must be aware of the self without projecting it onto the child:

5. the therapist does not attempt to hurry the therapy along;
6. the therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship. (pp. 73-74)

The last two principles illustrate the empathy--not only acting from the child's frame of reference, but also sharing one's experience of it--that the therapist must display:

7. the therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows;
8. the therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior. (p. 73)

### The Play Therapy Session

Waterland (1970) explained that play therapy has three components: the setting, the child, and the counselor. These three components interact with each other to determine the use of the three conditions.

#### The Setting

The play therapy setting consists of the playroom itself and the play materials.

According to Landreth (1987), "the setting for a play therapy session should suggest to the child 'this is just for you'" (p. 255). The room should be neither too large nor too small (Ginott, 1961). O'Connor (1991) believed that the minimum size is 10 feet by 10 feet with the maximum being 16 feet by 16 feet. The child should never be too far away, but needs to have space to play (Landreth, 1991). Hoffman (1991) believed the ideal playroom is: safe, private, spacious, easily maintained, soundproof, bright, and cheerful. Basically, as Dodd (1985) asserted, the more childproof the room is, the easier it is for both the

therapist and the child (p. 25). It is generally agreed that carpet should cover only half of the room, and the rest of the floor should be tiled to allow for comfort as well as for water, sand, or other messy play (Dodd, 1985; O'Connor, 1991). Hoffman believed that the playroom should be equipped with child-size furniture, a sink, and a sandbox. Dimick and Huff (1970) recommended that a well-equipped playroom should include toys, a sandbox, and a source of water. "These substances are effective in allowing the child to express himself since they require no special skills of the child, hence, he is better able to experience a sense of accomplishment in his play activity" (p. 178). However, Hoffman (1991) stated that "lack of facility should not deter a counselor from using play therapy" (p. 62). Actually, any area can be used. She explained that the basics of the playroom include "a small rug, a toy box and a low bookcase" (p. 63).

In regard to play materials, Lebo (1958) believed that "toys should be selected, not accumulated" (p. 23). He stated there needs to be not only quantity, but also variety.

The toys and materials found in the playroom are an "important therapeutic variable" (Ginott, 1961, p. 51). Ginott believed that through the manipulation of toys, the child is better able to express how she or he feels about

her or himself and the significant others and events in her or his life. Therefore, "the value of any toy, object or activity in child therapy depends upon its contribution to effecting basic personality change" (p. 53). Ginott (1961) went on to say that the prime consideration in the selection of toys should be their effect on the inner process of therapy. Lebo (1958) believed that verbalization in play therapy is of prime concern, so toys should be selected that have the most conversational value. Lebo found it possible for play therapy to be therapeutic even if the child is relatively nonverbal. However, he believed in the importance of speech in bringing internal events into consciousness.

Landreth (1987) stated not all play materials automatically encourage the expression of children's needs, feelings, and experiences. Because toys and materials are used by the child in the act of play to communicate a personal world to the counselor, consideration should be given to selecting toys and materials that facilitate the following goals:

1. establishment of a positive relationship with the child;
2. expression of a wide range of feelings;
3. exploration of real life experiences;
4. testing of limits;
5. development of a positive self-image;
6. development of a self-understanding;
7. opportunity to redirect behaviors unacceptable to others. (p. 256)



Hoffman (1991) believed that toys need to be durable, attractive, and safe. She agreed with Landreth in that the toys selected need to "assist in the child's self-expression" (p. 58). She believed they should aid in: establishing a positive relationship with the child, helping the child express a broad range of feelings, exploring real-life experiences, testing limits, developing a positive image and self-understanding, and trying out new behaviors.

Ginott (1961) outlined five major criteria for selecting and rejecting materials for play therapy. The toy should accomplish the following:

1. Facilitate the establishment of a therapeutic relationship with the child.

Appropriate toys make it easier for the therapist to understand the meaning of the child's play. There is less room for misinterpretation; there is more room for therapeutic communication. Landreth (1987) referred to these as real-life toys: a doll family; a doll house; doll house furniture; a nursing bottle; play dishes, cups, and spoons; a car; an airplane; and a telephone (p. 20). Further, it is easier to make contact with the child when the playroom contains materials whose very presence reflect permissiveness. Therefore, every child should be able to

find some toy, tool, or activity that has been refused to him or her in the past (Ginott, 1961).

## 2. Evoke and encourage catharsis.

The common assumption is that children project their emotional needs onto any play materials is only half true, according to Ginott (1961). It ignores the fact that the playroom materials have behavior propelling qualities of their own. Some toys elicit the expression of children's needs and problems, whereas others limit them. Another misconception is that all acting out behaviors are therapeutic. "Acting out is of value only when it represents working out of inner difficulties" (p. 57). In planning for catharsis, Ginott (1961) believed that the therapist should furnish materials that elicit acting out related to the child's fundamental problems. For example when dealing with the over-active or angry child, toys such as blocks, toy guns, and the pounding bench should be provided. Landreth (1987) added to this list when he included aggressive or acting-out toys such as handcuffs, a dart gun, toy soldiers, an inflatable punching toy, and a rubber knife (p. 20). "In an atmosphere of wise encouragement, the children's frustration tolerance will be enhanced, and they will become able to focus energies on projects and goals, both in and out of the playroom" (Ginott, 1961, p. 58).

3. Aid in developing insight.

Toys do not contribute directly to the achievement of insight. They can help children be more aware of self and relationships with others. Through this awareness, the child can gain insight. Landreth (1987) referred to these as toys for emotional release. Some of these include: play doh, puppets, a mask, a nerf ball, blocks.

4. Furnish opportunities for reality testing.

"The frustrations and satisfactions encountered in handling (play materials) and the sense of power he acquires in mastering them have direct bearing on the child's ego strength and self-image" (Ginott, 1961, p. 60). The child needs opportunities for success. Play materials that are too difficult for children should not be included. Broken toys should be removed because they, too, promote unnecessary frustration (Landreth, 1987). The playroom should provide materials of graded difficulty, allowing each child to achieve some measure of success. Along with this, Landreth (1987) stated the need for the child to be able to express him or herself creatively. Materials that help the child achieve both of these goals are: crayons, newsprint, blunt scissors, pipe cleaners, popsicle sticks, and paints.

5. Provide for sublimation.

Ginott (1961) stated that "our culture does not give children much choice about relinquishing infantile

gratifications" (p. 61). Therefore it is important for each child to have the opportunity to express his or her needs symbolically in a great variety of ways. For example, the enuretic child should be given paint and running water; the encopretic child needs to be able to work with mud and brown clay.

Much has been written about the selection of toys and play materials. However, it is important to remember that although play materials are important, they are secondary to the feelings they promote in the child (Landreth, 1987).

### The Counselor

The play therapist can be viewed in terms of three aspects: the self, the role, and the skills of the counselor.

Three basic attitudes that the counselor should communicate to the child are: faith, expressed as a belief in the child's ability to work out his or her own problems; acceptance, shown through encouraging the child to express his or her feelings freely; and respect, conveying to the child that he or she is regarded as worthwhile and important (Moustakas, 1953). The therapist must possess a genuine interest and appreciation for the world of children; in doing so the therapist will be able to experience the child's world of reality (Landreth, 1991).

In describing the effective play therapist, Landreth (1991) used the terms "objective," allowing the child to be a separate person and "flexible," accepting and adapting to the unexpected with an attitude of willingness.

The counselor encouragingly recognizes not only the child's play, but also the child's wants, needs, and feelings. Since the child possesses those qualities necessary for growing and becoming well adjusted, Landreth (1991) believed that the therapist needs to wait patiently for the child to discover that unique self. The therapist has a sincere belief in the child's ability to work out problems and shows no impatience to talk about "more important" topics. He stated that the play therapist must have a "genuine appreciation for the world of children and their experiences" (p. 91). Hoffman (1991) agreed that patience is very important.

Because the child has been brought to the therapist, Axline (1969) believed that the parent is seeking to change the child. In other words, the parent is rejecting some part, if not all, of the child. Thus, complete acceptance is of primary importance to the success of the therapy. To show this acceptance, the therapist must try to see things through the eyes of the child. The play therapist must keep in mind that "change cannot take place without the participation of the individual, and that worthwhile change

comes from within" (Axline, 1969, p. 127). Landreth (1991) agreed that the therapist must have a deep and abiding belief in the capacity of the child to be responsible for its own growth. However, the counselor must also remember that growth is a gradual process. Therefore, Axline (1969) believed that the therapist must never show any impatience and should guard against any criticism, either direct or indirect. Often children pass through a period of seemingly uneventful play during the therapy hour; such a period calls for patience and understanding on the part of the therapist. There is no need for the therapist to evaluate or to judge the child, or what they produce or do not produce (Landreth, 1991). The child may be going through "a period wherein he is gaining the readiness to express himself" (Axline, 1969, p. 125). She recognized that patience is extremely important during the play therapy hour because "adults usually swoop down and do for children, then tensions and frustrations are multiplied" (p. 126). Landreth (1991) concurred with this idea when he said that the play therapist has to have a high tolerance for ambiguity. Axline (1969) believed that the effective play therapist "will recognize the value of giving the child an opportunity to gain his equilibrium. She will let the child take his time" (p. 126).

To summarize, the play therapist is a unique adult in the child's life. Landreth (1991) believed this because "the therapist responds out of his or her own humanness to the person of the child while controlling any desire to direct, probe or teach" (p. 87). Axline (1969) agreed that the therapist is not a playmate, not a teacher, and not a substitute mother. The therapist is a "sounding board against which he can try out his personality. She keeps her opinions out of the therapy hour" (p. 120). As a precaution, Waterland (1970) warned that since the child is quick to sense insincerity, the counselor cannot just play a role. Clearly, "the attitude of the play therapist sets the tone of the session, and quickly permeates the whole experience" (Landreth, 1991, p. 9).

In discussing their role, Mills and Allan (1991) include five tasks of the therapist:

- a) the creation of a safe and protected space in which the child feels secure enough to explore past pains and embark on new growth;
- b) the unconditional acceptance and support of the child and his or her feelings;
- c) cautious and tentative interpretation of the child's symbolic play, allowing the child to give words and meaning to painful experiences and feelings;
- d) the working of the transference relationship to allow the child to develop alternate modes of intimate interaction;
- e) the eventual assistance in the last stage of therapy to consciously work on acceptable ways of relating in the world. (p. 13)

Nelson (1966) believed counselors should create conditions for expression and communication, most importantly to "create an atmosphere where the child is permitted to be himself and to try out his own ideas" (p. 27). Landreth (1991) agreed that the play therapist is intentional about creating an atmosphere conducive to the building of a relationship with the child. The therapist must be aware of what he or she does and why he or she does it. Although the therapy is termed non-directive, the counselor is not passive. The play therapist must be emotionally active, not in directing or managing, but by being directly involved and genuinely interested (Landreth, 1991).

An important function of the play therapist is to understand and accept the child's world, especially in being patient with the child and trying to see things from the child's perspective. In the role of the counselor, Nelson (1966) saw acceptance as the major tool. Further, Landreth (1991) believed that it is important to establish a feeling of permissiveness so the child feels the freedom to make choices. This in turn will help to facilitate decision-making in the child.

Similarly, Axline (1969) viewed acceptance and permissiveness as two aspects of the play therapy experience that go together. She stated, "the therapist cannot leave



the responsibility to make choices to the child that she does not respect" (p. 89). Unfortunately, many children have had the experience of being told that they can make a choice only to find that, unless their choice coincided with the one already made by the adult in charge, then their choice was null and void (Axline, 1969).

It seems more valuable to the therapy to sit out the hour with the child and to continue to demonstrate the sincerity of the words "You may or may not play as you like" than to try to direct the child's use of his therapy hour. (p. 93)

Waterland (1970) agreed that the counselor cannot push the child into conversation or play. The child's reaction to the playroom, is "probably an indication of his past relationships and the sensitive counselor can learn a great deal in this way. The child makes the decisions and the counselor must not push or hurry" (Waterland, 1970, p. 184). When the therapist places the responsibility to change or not change in the child's hands, he or she is centering the therapy on the child. Landreth (1991) summed it up by saying that "a significant objective then, of the therapist is to help the child to feel safe enough to change or not to change, for only when the child feels free not to change is genuine change possible" (p. 96).

From the beginning session, Axline (1969) indicated that the therapist needs to let the child know that she respects his or her ability to make his or her own choices

and she abides by that principle. The therapist must show that she is content to let the child lead. In this way the therapist shows she respects the child and believes the child can help him or herself.

Waterland (1970) asserted that the counselor is enabling the child to become independent by allowing him or her to assume the responsibility for making decisions and choices. To encourage independence, Hoffman (1991) believed every effort should be made to provide children with opportunities to take responsibility for their own actions and decisions. "Children begin to feel self-directed and responsible when they decide which toys and materials to use and how to use them, and play freely, thus setting for themselves the direction and pace of the counseling process" (p. 60). Therefore, a role of the counselor is to provide the child with an opportunity to assume responsibility and develop a sense of control; in essence, the child is responsible for self. Basically, doing for children what they are able to do for themselves is detrimental, according to Hoffman (1991). The counselor needs to provide support for the child to do for him or herself. This helps to increase the child's feelings of competence and self-confidence which are necessary for positive growth.

Finally, the play therapist does not "solve problems for the child, explain behaviors, interpret motivation or

question intent; all of which would deprive the child of opportunities for self-discovery" (Landreth, 1991, p. 98).

Waterland (1970) pointed out that in addition to these personal traits, the counselor must be adept at using a variety of counseling techniques. The most basic of these techniques include the use of reflection, interpretation, and structuring.

Reflection is an important technique to encourage the expression of feelings (Waterland, 1970). The therapist should listen to what the child says and how he or she says it. The reflection cannot add or subtract from the original meaning. Further, the object of the child's feelings must be stated by the child before being reflected by the counselor. Finally, Waterland (1970) believed the therapist must be sensitive to the reactions resulting from the reflection.

Landreth (1987) believed that by correctly labeling the child's emotions, the play therapist teaches the child an emotional language providing the child with an individual means of communication. Hoffman (1991) agreed that responses need to be focused on the feelings, ideas, actions, and circumstances being expressed in the play. These responses should not be directly personalized to the child; that way they are not so threatening.

According to Nelson (1966), reflection with play media is preferred over analytical statements. He believed that the counselor should avoid the analytical frame of reference and refrain from interpretation.

Axline (1969) agreed, in a sense, that the prime concern of the therapist is the feelings the child expresses. Moustakas (1953) viewed the expression of emotions in the following way. The therapeutic process begins with the child expressing negative attitudes culminating in anger and hostility. Eventually these feelings become mixed with positive feelings, and finally the attitudes become consistent with reality. Axline (1969) warned that the therapist should not get ahead of the child by reading into the situation something that is not there. The child should feel free to express feelings. Landreth (1987) concurred, saying that the counselor must encourage the expression of the child's emotional world so that the child feels able to express emotion without evaluation.

However, Waterland (1970) pointed out that the counselor should be able to use interpretations that give the child the responsibility for initiating activity or conversation. Waterland noted that interpretation should be used cautiously to avoid expressing something to the child before he or she is ready to accept it. "Actually, what the counselor thinks and feels the child's behavior means is

not important. How the child thinks and feels about his own behavior is important to the counselor" (p. 184). The counselor needs to examine the meaning of a child's words and actions carefully before making hasty and perhaps erroneous interpretations.

The third technique to be discussed is that of structuring. Structuring is not a casual thing (Axline, 1969). Rather, it is a carefully planned method of introducing the child to this medium of self-expression which brings with it release of feelings and insight. "It is not a verbal explanation of what this is all about, but by establishing the relationship" (p. 74).

Structure helps create a framework for the relationship between the counselor and the child, according to Waterland (1970). In structuring the sessions, the counselor facilitates the child's keeping the relationship reality oriented. It is an on-going process and should be used as the need arises. Limits that would be necessary to Waterland (1970) include: the length of the session, the safety of the child as well as the counselor, and the necessity of the toys remaining in the playroom. She believed that "once a limit is set by the counselor, it should be followed by providing a feeling of security for the child. When a limit is broken, follow up the infringement by reflecting the child's feelings" (p. 185).

The counselor needs to handle the situation in an accepting manner so as not to make the child feel guilt.

Basically, according to Landreth (1987), it is important to establish an atmosphere of safety for the child, specifically to set limits and to be consistent.

Hellersburg (1955) believed it is more realistic when the therapist sets limits and warns the child of danger. Then, many children are able to show a sense of responsibility that combines with their awareness of the physical reality.

For the play therapist to deal effectively with a child's rage and aggression, she must have a clear understanding of the appropriateness of setting limits and of the importance of timing. Often it is most helpful to allow the child to vent all of the aggression he or she is feeling. However, a clear limit is that he or she can hurt neither him or herself nor the therapist in the playroom (Hyde, 1971).

Ginott and Lebo (1963) outlined two patterns that emerge. First, the child therapist must show great permissiveness in some areas that are prohibited in most of society. But, on the other hand, blatant physical aggression is something that cannot be tolerated in the playroom. The child cannot destroy furniture; he or she cannot attack the therapist.

The limits often seen as essential are summed up by Hoffman (1991) in the following passage.

Under no circumstances should children be allowed to kick or hit the counselor; permitting such actions contributes to children's feelings of anxiety and helplessness. If such a situation arises, the counselor should firmly, but caringly hug the child from behind, reflecting understanding of the child's feelings of anger, hostility or frustration and the apparent reason for these feelings. (p. 59).

Axline (1969) asserted that the play therapy experience must be anchored to reality, and this can be done by establishing common sense limitations. She believed that by stating the limitation and reflecting the feelings, the therapist is helping the child to face the problem of adjustment to a realistic world.

The child gets more relief when his actions are channeled toward the materials that are in the room for that purpose than he would were he allowed to break all the windows in the room, smear the walls as far as he could reach or throw and attack the therapist. (p. 130)

According to Axline (1969), when a child breaks a limit, the therapist needs to state the action, reflect the feelings, and show that the child is not rejected for the infraction. It is stressed that the counselor should not create feelings of guilt on the part of the child. She believed that consistency in the playroom is just as vital as consistency in any other relationship; consistency demonstrated by the therapist assures the child of acceptance. "Limitations used with intelligence and consistency serve to anchor the therapy session to the world

of reality and to safeguard the therapy from possible misconceptions, confusion, guilt feelings and insecurity" (Axline, 1969, p. 133).

### The Child

Axline (1969) presented this scenario which illustrates an overview of what play therapy is to the child:

The child is able to give vent to his most aggressive and destructive impulses. He screams, yells, throws sand all over the place, spits water on the floor. He gets rid of his tensions. He becomes emotionally relaxed. Then it seems the groundwork for more constructive behavior has been laid. He has gotten rid of the old feelings; he is ready for new ones. The experience brings the child insight into his behavior. He understands himself a little better. He has gained confidence in himself. He is more capable of solving his own problems. He knows by experience that he can work things out for himself. (p. 95)

When discussing the child involved in the play therapy experience, one needs to consider the following areas: the reasons behind the use of play therapy, the reactions of the child to play therapy, the types of children referred to play therapy, and the kind of growth and progress the child can achieve as a result of the play therapy experience.

The rationale for using play therapy with the child is based on the fact that play is the child's language and the toys are the words (Ginott, 1961).

Landreth (1978) believed restricting children to verbal expression would impose unnecessary and unrealistic



limitations on the communication which must take place between the child and the counselor if the time together is to be therapeutic. Ginott (1961) believed it is often as inappropriate to expect a young child to talk through feelings as it would be to ask an adult to discuss his or her feelings with a sandbox or through the use of puppets. Especially between the ages of 4 and 10 or 12, the use of play techniques is certainly advisable because verbalization of significant feelings is not easy for the child at this age (Lebo, 1956).

Children may have considerable difficulty in trying to tell what they feel or how they have been affected by what they have experienced. Landreth (1978) stated, "If permitted, in the presence of a caring sensitive and empathic adult, the child will show what he feels through the toys and materials he chooses, what he does with and to the materials and the story he acts out" (p. 41). Butler, Chapman, and Stuible (1975) agreed that the child may not be able to articulate feelings, yet may be able to express them in play. The ability to play is more highly developed than the ability to use language. Further, the child is acutely attuned to nonverbal communication (Hyde, 1971).

Nelson (1966) discussed the integral role that play takes in the life of the young child:

The younger elementary school child is only beginning to emerge from the stage wherein all objects are toys,

all the time is for play and work is a construct developed through role-playing. He remains a creature who largely through play, develops his social relations, tests various roles and concepts, and works through his frustrations and concerns. (p. 24)

Children will respond to the playroom and the unfamiliar therapist with much the same reactions of their past relationship patterns. As Ginott (1961) pointed out: "the submissive child will try to ingratiate himself; the dependent child will continue to act cute and meek to gain attention; the provocative child will try to manipulate" (p. 86). Erikson (1940) agreed when he said that a child will bring into the playroom whatever aspect of the ego has been "ruffled most" (p. 174).

The first few minutes in the playroom seem to be hard for children, according to Axline (1969). It is a new experience and they react to it in a variety of ways ranging from fear expressed with tears to bold exploratory activities.

Ginott (1961) concurred that sometimes children are afraid to make a choice in the playroom because they have always been told what to do. "They may beg the therapist to make choices for them" (p. 85). Axline (1969) described why children may seem frozen in fear that first session:

Children are skeptical of this attitude of permissiveness. They test it out. The child who sits in idleness may be testing out the therapist to see if she really meant what she said. Idleness may be resistance - passive resistance to the change someone

is trying to force upon him. The child resists all efforts to change him. (p. 93)

As summary of the many reactions a child may display, Allen (1939) stated:

The child is taken at the point he is in his own development and he will react with his own feeling to meet this experience which requires leaving behind the supports he never has been able or willing to let go. He may enter this relation with a guarded, cautious attitude that allows little if any participation. He may attempt to assume complete control by an assertive, aggressive attitude which may be directed against the therapist. (p. 738)

There are many types of children who will be referred for play therapy. However, as Moustakas (1959) warned, the child must be regarded as an individual with resources for self-development. The therapist must not view the child as a helpless victim who can only be cured through a dependency relationship. Landreth (1991) agreed, stating "a child standing before the therapist in the playroom is not a problem to be analyzed, but a whole person to be related to and understood" (p. 51).

In general, Waterland (1970) believed most children the counselor will see in play therapy have failed to develop individual identities; development of the real self has been inhibited because of inadequate personal relationships.

Although the types of children and the problems they bring to the play therapy experience will vary, the fact that their inner thoughts and feelings need to be expressed

remains constant. This real goal of therapy is universal for children and adults. However, as Landreth (1991) stated, "the dynamics of expression and vehicle for communication are different for children but the expressions (fear, satisfaction, anger, happiness, frustration and contentment) are similar to that of adults" (p. 41). However, depending on what developmental stage the child is in, the expression of feelings is sometimes difficult. Moore (1964) believed that young children generally seem to think that things are either good or bad, with little gradation between the two. Therefore, it is not easy for the child to sort out just how he or she feels. Because of this, Nelson (1966) believed the child tends less to talk about feelings than to act them out.

Allen (1939) stated that during the course of therapy. "the child moves toward a more responsible feeling about himself. He has found what he can begin to be within himself in this unique relation" (p. 742). Solomon (1954) described therapeutic movement as movement from "the indefinite to the definite, from the unreal to the real, from the magical to the reasonable" (p. 593). In play, the child's ego, when encouraged by acceptance and positive expectations, can become more wholly integrated and can allow the child to function in a more socially acceptable way (Hyde, 1971).

From a psychoanalytic point of view, Klein (1955) viewed play therapy as beneficial because the small child will attempt to overcome unpleasurable experiences and painful realities. The child is able to project fears onto the outer world and let them run their course there. Landreth (1987) agreed with Klein when he wrote, "The reality testing made possible by the presence of toys and materials makes play therapy a powerful therapeutic approach in the lives of children" (p. 259).

Through the use of play, Solomon (1954) asserted that the child is able to express regressive tendencies, therefore lessening the need to act them out. Within the play therapy experience, according to Mills and Allan (1991), "the child can express pain, anger, confusion, or reenact trauma. The maltreated child will grow in self-confidence and social skills during play therapy." On a more practical note, the child will also "become more able to learn and function better in the classroom" (p. 11)

Hyde (1971) discussed the gradual nature of the growth process:

It takes a long time for the child to organize his experiences to fit people, objects and events into categories and concepts so familiar to adults. In play the child can manipulate the smaller world of toys and materials. If he is given the time, materials and opportunity to experiment in his own way, he finds himself, rights himself, and gradually learns how to get along with himself and others in a complex world. (p. 1370)

"The main problem is one of making the therapeutic sessions meaningful to the child" (Solomon, 1954, p. 593). The client-centered play therapy experience is meaningful as Landreth (1987) described it:

Through spontaneous and self-generated play activities, children express and explore fears, frustrations, concerns and hopes. Through the process of acting out a living relationship with the therapist, children experience the meaning of self-responsibility, explore alternative behaviors that are more satisfying and discover new dimensions of themselves that result in revised self-images and new behaviors. (p. 259)

#### The Research on Process in Play Therapy

Research on process in play therapy has been sparse. However, many of the studies have been quite good, some can be considered classics. This section will review the available research done solely on process in play therapy.

Studies about process usually fall into one of the following types: responses, behaviors, and attitudes of the child; responses of the therapist; responses of both the therapist and child; the limits in play therapy; or the stages of play therapy.

Some of the pioneer studies in the field of play therapy examine the responses made by the child. Finke (1947) was the first to quantify this area by creating categories for the responses the child might make in the play therapy session. She concluded that only five significant trends in emotionalized expressions occurred

during the course of play therapy: (a) stories made up by the child, declining after the 5th session; (b) attempts to relate to the counselor; (c) the child's testing of the limits which declines after the 9th session; (d) aggressive statements that decline after the seventh visit; and (e) total number of statements which remains constant after the third contact. In 1955, Lebo examined the categories established by Finke (1947) for quantifying the play therapy process. He believed that the categories should emphasize the differences between the very young and older children and acknowledged that the significance of speech as a medium of expression varies in children. Therefore, he added two categories to the Finke list. In total, these categories aid greatly in the examination of the play therapy experience and its process.

Lebo (1956) believed that categories derived from analysis of adult cases may have serious shortcomings when applied to children's statements. He was the first to study this age variable. Second, he utilized the learning theories to consider aggression as another independent variable. Using speech as the dependent variable, he found that age and aggression levels made an overwhelming difference in the category usage.

Perry (1988) compared the play therapy behavior of maladjusted and adjusted children. She utilized the scale

developed by Howe and Silvern (1981) which is an observational system that includes three statistically valid and meaningful subscales: emotional discomfort, fantasy as a coping method, and quality of social interaction with the therapist. Perry (1988) discovered that initially the children played in similar ways, but by the end of the first 12 minutes the maladjusted children expressed more dysphoric feelings, conflictual themes, play disruptions, and negative self-disclosing statements. There were no significant differences found in the areas of use of fantasy play or quality of social interactions.

Oe (1989) analyzed and compared the initial session behaviors of adjusted and maladjusted children during play therapy. She wanted to determine the value of children's play for diagnostic purposes. She found that maladjusted children exhibited more self-accepting and non-acceptance of environment (boys more than girls) and more intense dramatic or role behaviors (girls more than boys) than did the adjusted children. Differences were also found between adjusted boys and girls: girls expressed more positive attitudes; boys engaged more in exploratory play and were more intense in negative attitudes.

Moustakas (1955b) compared the frequency and intensity of expression of negative attitudes in nine well adjusted

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and nine disturbed young children, matched in various characteristics. Each child had four play therapy sessions. Verbatim tape recordings were kept on each child. Both groups of children expressed about the same types of negative attitudes. However, the disturbed group expressed significantly greater number of negative attitudes. Though both factors were significant, the intensity of attitudes differentiated disturbed children from those who were well adjusted more clearly than frequency. Although the study's length was short--only the first and third sessions were examined--Moustakas (1955b) suggests that as therapy progresses, the negative attitudes of the disturbed child may become similar to those of the well-adjusted child in that they will be expressed more clearly and directly, less frequently, and with less intensity of feeling.

Several studies have examined the responses of the therapist. Guerney, Burton, Silverberg, and Shapiro (1965) presented interjudge reliability data on a system for measuring certain aspects of children's play behavior using the verbal responses of the adult as a mirror of the child's activity. The categories used to measure the child's behavior directly, as well as that shown through adult responses, were defined in the following areas: positive feelings, negative feelings, dependence, and leadership.

The general rules for coding were that responses had to be coded directly from the tape using units coded each 15 seconds. The same category could be checked only once per interval, but more than one category could be used for each interval. The raters had to rely on actual verbal content rather than on inferences made by the coder. The reliability ranged from 77 to 100% agreement between raters. This study enables one to gain partial access to the child's play behavior even when only audio tape recordings are available.

Stover, Guerney, and O'Connell (1971) assessed a direct seven-point observational scale of empathy for adults in spontaneous play with a child; the highest level of empathic behavior at one end and lowest at the other. They elaborated the scale to allow for separate coding on 5-point scales of three major aspects of empathy: acceptance, allowing the child self-direction, and involvement. They established construct validity for each subscale and the total empathy score with a group of 51 mothers who underwent training in conducting Rogerian play therapy sessions. They found significant differences in the levels of empathy as the training sessions continued.

Siegel (1972) focused on changes in client's behaviors during the course of play therapy as a function of

differing levels of therapist-offered conditions. This study linked process directly to outcome. There were 16 children all seen by the same therapist for 16 sessions each. Four-minute excerpts from sessions 3, 8, 12, and 16 were rated and on the accurate empathy, unconditional positive regard, and genuineness scale. The four children who received the highest levels of therapist-communicated conditions were compared to the four children who received the lowest levels at different points of time in therapy. As therapy progressed, differences emerged. During the last session, high-condition clients decreased their aggressive behavior, and continued to make significantly more positive statements about self and insightful statements than did the low-condition clients.

Harnish (1983) focused on the perception of the therapist from the child's point of view. The hypothesis was that high therapist conditions would result in a favorable outcome in therapy. The therapists in the study were trained undergraduates. Sixteen children, divided into two groups by level of aggressive behaviors, were involved in individual play therapy experiences. The children were given pre- and post-measures on anxiety. Both the client and the therapist rated the therapist on the level of the necessary conditions. The study showed significance in terms of the hypothesis.

Many researchers look at the responses of both the client and the therapist. One of these studies, conducted by Landisberg and Snyder (1946) is considered to be one of the first empirical studies in play therapy research. They wanted to explore if play therapy was indeed non-directive in nature. Four cases with four different counselors were used. There were 5,751 statements analyzed using the chi-square method. They found that the therapy should be considered non-directive. Non-directive statements precede 84.5% of the client responses. In total responses made, three-fifths were made by the client to two-fifths by the counselor. Feelings elicited from the client were found to be directed to others rather than to the counselor. No statements of insight were found in the protocols.

Seeman (1949) conducted a study on process that was descriptive in nature. He used 10 cases of six sessions apiece. Seeman found: 85% of the therapist responses to be non-directive in nature, that process was describable in terms of responses made, and that individual differences in process increase as therapy proceeds. Most significantly in terms of process, Seeman (1949) observed that in the first stages of therapy, feelings of the child are phrased in the past tense and negatively. As therapy progressed, the feelings were expressed more positively and in the present

tense. This shows the intensification of process as well as the importance of the relationship in therapy.

Moustakas and Schalock (1955) conducted what they termed an exploratory study into the process of play therapy. The researchers used two groups of children, one with emotional problems and one considered to be normal. Process was viewed through the child's responses made as a result of the therapist's statements. A description of the percentages on the types of responses was given. No interpretations were offered.

In 1956, Moustakas, Sigel, and Schalock undertook a study to present a procedure for the objective description and recording of adult-child interaction. The data was presented to show the usefulness of the procedure under three types of interpersonal situations: therapist and child in the playroom, mother and child in the playroom, and mother and child at home. It was felt that observation was the most appropriate technique for this kind of study. The observation categories chosen were: attention; stimulus; orienting and directing; criticism, discipline, or rejection; approval and reward; cooperation; interpretation; and hostility or anxiety ratings. The general trends were that the behavior of adult and child varied from one situation to another. There was greater similarity between

mother and child in the lab and mother and child at home than either one to the therapist in the lab. The therapist was seen more as an observer; the mother was viewed as more interactive. Although an intricate procedure, acceptable reliability was reported. The authors believe that with such a research tool, comparable studies of adult-child interaction could be made.

Carmichael (1993) developed an interaction matrix to graphically depict the relationship between the level of therapist's responses and the client's behavior in therapy. The purpose in the development of this instrument was to provide one that could be used in supervision of therapy and for the empirical study of the therapist-client interactions. The therapist responses chosen for investigation were: summarizing, clarifying and limit setting, reflection of feeling, open-ended question or statement, tracking statements, silence, information giving, judgmental statements, and analyzing. The child behaviors are as follows: resistance, silence, information seeking, exploration, rapport, emotions, problem identification, alternatives, and responsibility. In preliminary investigation, a positive correlation between the therapist responses and client behaviors was indicated.

Setting limits is an important part of the process of play therapy. Ginott and Lebo (1961) sought to discover

which were the most and least used limits in play therapy. The hypotheses of their study were that therapists of different schools of thought would differ in neither the number of limits nor the kinds of limits. The method was a questionnaire where the therapists needed to identify their school of thought and then to state which limits they would employ from the list of 54 that was provided. Only 227 of the 425 questionnaires were returned, but the following results were obtained. There was no significant difference in the number of limits set; the kinds of limits employed by therapists from different schools of thought were significantly different from each other. A big body of limits were used by all therapists who responded in the study.

The final area of inquiry to be reviewed is that of the stages in the play therapy process. One of the first studies of this kind was conducted by Colm (1951). She describes three case studies in which some underlying factors were observed. Colm loosely posits stages in the play therapy process, namely that in the beginning the child simply mirrors the mother's emotional responses to the situation in question. The first stage is one in which the child is testing the therapist even though he or she may be unaware of it. Colm believes that true feelings emerge only after a relationship is established. The therapist, with

acceptance and understanding is then able to help the child work through different levels of emotion. This leads to the final stages in which the child can come to recognize and accept his or her own feelings and begin to distinguish them from those of the mother. This, according to Colm, enables the child to find more constructive solutions.

Through analysis of case studies of disturbed children, Moustakas (1955a) was able to outline the following stages of the therapeutic process:

(a) diffuse negative feelings, expressed everywhere in the child's play; (b) ambivalent feelings, generally anxious or hostile; (c) direct negative feelings, expressed toward parents, siblings, others; (d) ambivalent feelings, positive or negative, toward parents, siblings, and others; (e) clear, distinct, separate, usually realistic positive and negative attitudes, with positive attitudes predominating in the child's play. (p. 84)

Moustakas stated that these "levels of the emotional process are not always distinctly identifiable" (p. 97); they occur within the context of the relationship. As Moustakas further explains, the process is possible "only in a therapeutic relationship where the therapist responds in constant sensitivity to the child's feelings, accepts the child's attitudes and maintains a sincere belief in the child and his abilities and a deep respect for him as he is" (p. 98).

According to Cashdan (1967) the prime function of expressive media is communication. The focus of his study



was the therapy process as demonstrated through a series of drawings. From analysis of these drawings, Cashdan posits that there are five phases of therapy: problem statement, relationship defining, emotional learning, separation, and adaptation. In essence, the child moves from a non-interactive position to full interaction and finally returns to non-interaction. In the first stage, the child will not verbalize a specific complaint. Nevertheless, the child will describe "the nature of his difficulties in the initial sessions through expressive productions" (p. 82). During the second phase, the child may view the therapist as an externally imposed agent of control, and consequently an important aspect of this relationship defining stage is that it usually begins with distortions on the child's part. This often manifests in attempts to control the situation. Cashdan suggests that at the conclusion of this phase power, control, dominance, and submission are no longer central issues. The play productions at this stage will include the therapist more and more in the media. The third phase represents what is known as psychotherapy. The basic issue here is attitudinal and behavioral change. The bulk of this phase, the emotional learning and interpersonal involvement stage, is spent on problem solving, self-examination, and exploration of this new relationship formed with the therapist. In the creative productions, the child begins

to show parts of the self that were previously hidden in the hope that the therapist will help somehow. The final two phases deal with separation and adaptation. These stages stress that the growth achieved in therapy is not solely dependent on the maintenance of the dyadic relationship.

Based on her observations of a dozen children, Rogers (1969) has posited a model of the process in play therapy. The first stage is the exploratory stage in which the child ambivalently and hesitantly looks around and tentatively tries out the toys. The second or the aggressive phase is one in which the child spends most of the time shooting, throwing, or hitting. The third phase is the constructive phase where the child has gotten rid of many of the hostile impulses and begins to direct energy toward more productive goals.

In one of the most extensive studies on the process of play therapy, Hendricks (1971) was able to examine and describe general patterns of the play therapy experience, nonverbal expressions, and verbal comments through the use of audio tapes and descriptive records of the play activities and nonverbal behaviors. She found the following stages to exist. In sessions 1-4 children expressed curiosity, engaged in exploratory, non-committal and creative play. The children made simple descriptive and informative comments and showed both happiness and anxiety.

During sessions 5-8, the children continued the exploratory, noncommittal, and creative play, generalized aggressive play emerged, expressions of happiness and anxiety continued. Sessions 9-12 showed a decrease in exploratory, noncommittal, and aggressive play. Relationship play increased while creative play and happiness were predominant. More information concerning the self and the family was divulged here. Creative and relationship play were dominant in sessions 13-16. Aggressive play was now more specific. Expressions of happiness, bewilderment, disgust, and disbelief increased. During sessions 17-20, dramatic and role play were most prominent. Specific aggressive statements, as well as speaking about the self and family continued. There was increased relationship building with the therapist at this time. Finally, in sessions 21-24, the children engaged for the most part in dramatic and role play. Relationship play was also predominant.

A replication of the Hendricks (1971) study was conducted by Withee (1975). The differences between the two studies included the use of videotapes, more sessions for each individual child, and the inclusion of girls. Withee (1975) posits these five stages: session 1-3, curiosity and anxiety are predominant emotions; sessions 4-6, aggression is at its highest; sessions 7-9, dramatic, role, and

creative play peak; sessions 10-12, relationship play is at its highest; and in sessions 13-15, noncommittal play peaks. Other insights include that the absence of play only constitutes 5% of the time. The child actually was able to achieve very little insight; feelings were expressed in non-verbal ways. This supports Miyamoto's (1965) claim that children gain insight in times of silence. Withee was also able to discern differences between boys and girls. Boys expressed more anger and were more aggressive. Girls engaged in more creative and relationship play and verbalized more thoughts and feelings.

In examining the literature written to date concerning the process of play therapy, two things become evident. First, there is a paucity of research in the area of the relationship between the client and the counselor in the play therapy setting even though the relationship is said to be the key element in the success of therapy. Second, what research does exist does not look at the participants' view of the experience or of the relationship. Individual cases are examined in terms of responses or stages of development, but we do not get an inside look at how the relationship really influences the play therapy experience and those participating in it.

### Chapter 3

#### METHODOLOGY

The purpose of the study was to provide understanding into the nature of the relationship that develops between the counselor and client in a play therapy session. Specifically, the process of play therapy and the core conditions of empathy, congruence, and unconditional positive regard were examined. The sessions were analyzed to determine how the counselor and the child influenced each other's feelings and behaviors.

#### Research Setting

The study was conducted in the Drake University Counseling Practicum Clinic which offers services to children and adults from the Des Moines metro area, including play therapy for children, and individual, marriage, or group therapy for adults. Referrals are self-initiated or made by parents, agencies, and schools. Referrals of children under the age of 10 are made to the play therapy program. Older children are referred to individual counseling.

The practicum clinic adheres to the theory of client-centered play therapy. The graduate students are trained in techniques developed by Axline (1969) and

Landreth (1991). The playroom is fully equipped with toys and materials suggested by Ginott (1961) and Landreth (1987). A one-way mirror is used for observation and videotaping purposes.

### Description of Participants

The participants in this study were four graduate students in the Counseling program at Drake University enrolled in the play therapy practicum class. Students accepted into this class must have successfully completed individual practica, which have a rigid set of prerequisites. Enrollment is limited and class size is small.

The graduate students were told of the research project during the first class session. Each understood that there would not be any additional class assignments as a result of the study. All of the graduate students had the option of not participating; participation in the study was not part of their evaluation in the course. Each student was aware, however, of the additional assistance they could receive during the supervision sessions. Therefore, all agreed to be in the study.

The focus of the study, i.e., the nature of the relationship between the counselor and client in the play therapy experience, was discussed with the class members.

This topic in general was easily understood by the students because the therapeutic relationship has been the major focus in many of their experiential classes. The difference inherent in the development of the therapeutic relationship in play therapy is one of the major emphases in this class.

#### Protection of the Rights of the Participants

The proposal was approved by the Drake University Human Subjects Review Board to ensure that the study aligns with the ethical policies and standards upheld by Drake University. All counselors signed authorization for audio and videotaping (see Appendix A). They were briefed on the focus and procedures of the study. The parents of the children signed permission for the videotaping of each session. All of the parents were informed of the focus and procedures of the research study at the time of the referral. Letters of explanation and informed consent forms are found in Appendixes B and C.

#### Data Collection

The following procedures were used in the study. All 42 sessions were videotaped under an already established policy of the Counseling Practicum clinic. The videotapes were kept by the researcher for further review.

The videotaped sessions were critiqued by the graduate students themselves to describe thoughts and feelings about the relationship. The student reviewed the tape on her own and while watching it she wrote about what she observed in the session, how she felt about the session, and what she noticed about the relationship between the two of them.

The researcher also observed all sessions and took notes concerning the development of the relationship. These sessions were observed because while the video camera captures all of the verbal portion of the session, it does not pick up the view of the entire playroom. From the observation room, one can move around and follow the movements of the child. The researcher took notes of what happened during the course of the session.

The researcher met with each graduate student following sessions 1, 3, 5, 8, and 10. The researcher decided that it was necessary to meet with the students in supervision at least five times and to include the first and last sessions. The researcher took on a supervisory role to engage in a procedure similar to Interpersonal Process Recall developed by Kagan, Krathwohl, and Miller (1963). Interpersonal Process Recall (IPR) uses videotape playback of various situations to stimulate recall of the underlying dynamics involved in an interpersonal interaction. The researcher encouraged the students to describe their feelings,



interpret statements, and translate body movements throughout the replayed sessions. Either the researcher or the student stopped the playback as often as she liked to discuss recalled feelings or elaborate on meanings. According to Kagan and Schauble (1969), insights into counselor-client relationships, empathy, and nonverbal behavior have emerged from this method. The goal is to observe the kind of interpersonal relationship that is being established during the play therapy experience. Further, the relationship was viewed in terms of empathy, congruence, and unconditional positive regard. The tape was paused at certain crucial points in the session and analyzed in relation to the counselor's use of the core conditions. All of these supervisory sessions were audio taped.

Interviews with the child did not occur until the 10 sessions were completed. These children had been referred with specific needs and it seemed unfair to interrupt their therapy. Therefore, the child's view of the relationship was given in hindsight.

#### Data Analysis

The researcher assembled the following data for analysis: the audio tapes from supervision, the videotaped sessions, the observation notes, the reflections from the graduate students, and the audio tapes of the interviews

with the children. These were  
the researcher and will be de  
needed for research purposes.

The researcher transcribe  
videotaped sessions verbatim.  
results of the research it was  
did not have any characteristi  
The graduate student in the fo  
child was a boy whose issue wa  
playroom was very aggressive.  
commonalities, it was determin  
use the three remaining cases

The responses of the ther  
the established categories of  
unconditional positive regard.  
(Truax, 1961), the scale for t  
(Kiesler in Kiesler et al., 19  
measurement of unconditional p  
were used to determine the cod  
(see Appendices D, E, and F).  
responses made in a play thera  
into categories that were deve  
adult relationships. Therefor  
were developed by the research  
play therapy setting. For exa

from Axline (1969) were often consulted (see Chapter 2). These rules were then examined, re-examined, and adapted as the researcher sifted through the data.

The responses of the therapist were coded a second time in terms of the focus of the statements. These codes were grouped into five categories that included content, feelings, relationship, underlying meaning, and generalization. These categories were developed from observation and analysis of the sessions and discussion with the subjects in supervision and in class.

The responses of the client were coded using the constant comparative method. Descriptive words were applied to each of the child's responses. The influence of the therapist response upon that of the child as well as the child's response upon the therapist was examined.

Four methods of data analysis were utilized in the study:

1. Three case studies were written using the observation notes, transcripts, interview tapes, and reflection notes as sources of data. Each of the cases was described in detail to aid in the discussion of the development of the play therapy relationship.

2. The verbatim transcripts were analyzed in terms of the core conditions of empathy, congruence, and

unconditional positive r  
themselves in the play t

3. The transcripts  
process of play therapy.  
describe the focus of th  
categories are content,  
meaning, and generalizat  
of the categories and ch  
progression made in each

4. The transcripts  
selected that would best  
the therapist and the ch

## Chapter 4

### RESEARCH FINDINGS

The findings of this study are presented through both case description and discussion of the research questions. Inferences, then, will be made not only within each case but also across the three cases.

#### Case Descriptions

These detailed case descriptions provide the reader an insight into the development of the relationship in the play therapy setting. They also set the context through which the research questions can be addressed. These case descriptions were assembled through the use of the observation notes, transcripts, interview tapes, and reflection journals.

The descriptions are each divided by session which in turn are looked at in terms of the description of events, reflection upon process, and summary.

#### Case #1: Donna and Jennifer

This dyad was made up of Donna and Jennifer. Donna was a graduate student who completed most of the experiential courses in the program, and had worked with children in various settings, such as a preschool and an adolescent treatment facility. Jennifer was a girl of six whose

parents had just separated. Play therapy began right after Jennifer was told that Dad was moving out. The mother expressed that this little girl was showing signs of mood swings and was taking the separation hard.

### Session 1

Description of events. Jennifer went through the first 20 minutes without speaking at all. Jennifer was very careful in her play: she played with one play doh at a time, replacing each lid when finished with a color; she wore a paint shirt and needed to have it buttoned; she used one paint brush for each color.

Jennifer shared a bit about her sister, that she was sometimes tired of her and frustrated with her. She also discussed a brother, then admitted she does not really have a brother; it was her teddy bear. She discussed her dad a bit: he'd been gone for five days; he'd never been gone that long before; "I think he should come home." She showed some denial of what was going on. Jennifer drew a picture of rain and clouds, but the sun came and pushed that away, indicating that she hoped for a positive outcome. Coming back to the playroom concerned Jennifer. She wanted all the details from Donna about next time.

Reflections upon process. Jennifer started out very slowly. During this session she was quite tentative. In

her exit interview, Jennifer stated that she had not really wanted to come to the playroom the first time because she did not know what to expect. She stated that it is scary for her to begin something new. Jennifer shared a lot considering how scared she was, but she maintained safety by keeping her back to Donna most of the session. Donna was very patient, reflecting her uncertainty. There were more unconditional responses in this session than in any other. Further, Donna kept it very safe for Jennifer with 36% of her responses focusing on content.

Summary. Silence dominated the session. Jennifer managed to keep her distance; she spent most of her time at the easel and the table that were all the way across the room from Donna.

## Session 2

Description of events. Jennifer came in very verbal tonight. She was still very neat in her play; and when she was busy, she was quiet.

Jennifer remembered the order of her play last time. She chattered quite a bit tonight, although she was not discussing her family at all. She was curious about the other kids who came into the playroom. She made sure she played with everything before she left.

Some of Jennifer's statements tonight showed ambivalence: I like the sand and I hate the sand. Jennifer showed she wants things "right": she didn't want the blocks to fall, she cleaned up after everything she did, she covered up her mistakes on paintings, she wanted to play the drum on the "right" side.

The sand seemed to put her in a trance as she ran her hands through it. She got her picture off the easel by herself tonight, but showed anxiety when Donna explained she didn't need her shirt buttoned, so Donna buttoned it for her.

Reflections upon process. Jennifer was more comfortable: she seemed more mobile, more enthusiastic, and more verbal in this session. Jennifer stated in her interview that she thought there were rules in the playroom (i.e., the paint shirt) but that Donna made her feel confident she could make her own choices. However, Donna was very tentative; she phrased all of her responses in question form. Many of Donna's comments focused on content (32%) or feelings about content (18%). Donna did not display any accurate empathy.

Summary. Most of this session has been content oriented. Jennifer backed off sharing about her family. This speaks to trust level; more specifically, Donna seemed



to lack trust in herself during this session and Jennifer picked up on that.

### Session 3

Description of events. In the session, Jennifer came in and remembered what she had played with previously. She talked about mom, sister, and outside activities; she was easily able to connect toys in the playroom with things in her life. Jennifer said that she thinks about the playroom during the week, and she plans what she will play with. She did not wear a paint shirt which indicated she might be lightening up a bit, but she discussed two incidents in detail and made a comment that showed she was still very concerned about rules: "nobody told me that was a rule." (Donna will have to remember that when setting limits.) This tied in with some of the themes Jennifer presented: a huge sense of responsibility, inability to make mistakes, high expectations of others as well. In some of her play, she showed her conflict between wanting to be responsible and wanting to be a kid.

Reflections upon process. Supervision indicated that Donna was experiencing quite a few feelings during the session. First, she was frustrated because Jennifer was disagreeing with her. Second, she stayed away from

reflecting any feelings because she sensed that Jennifer was uncomfortable with them.

Regarding the three conditions, Donna stated she really wanted Jennifer to be comfortable, so much so that she exhibited a lack of unconditional positive regard. Donna was not being congruent (11% of her responses were incongruent). She was sticking with what was safe even though it was not what Donna wanted to do (37% of her responses focused on content). Finally, Donna was not exhibiting empathy because of her avoidance of feelings (25% of her responses focused on feelings about content or the avoidance of feelings altogether).

Summary. This was a different kind of session. This session seemed really long and boring because of its focus on content. Donna missed many opportunities to focus upon Jennifer's feelings. The disagreements that set Donna off were not huge, but do show that what a child does influences what the therapist does. Progress was occurring as shown by Jennifer being a bit aggressive as well as messy in this session.

#### Session 4

Description of events. Jennifer engaged in dramatic play extensively. She was very intense in this play. Some of the content of her dramatic play related to her: things

the teacher says, where the kids live, what time they get up. This was an illustration of Jennifer using fantasy as a coping mechanism. Jennifer got so involved in her fantasy play that it was very hard to understand her. Later, she painted a picture for her dad but she was mad that she painted last because she had to take a wet painting home with her. There was not a lot of activity in this session.

Reflections upon process. In this session Donna responded to Jennifer but did not initiate any interactions. Donna made a total of only 47 responses. Jennifer didn't talk directly to Donna very much and that frustrated Donna. She did not feel comfortable reading into the play; she focused on the content of it.

Summary. These sessions still had not moved into a process focus. This was evident in the fact that 44% of Donna's comments were of content focus. Further, only 30% of her statements had empathic intent and 50% of those focused on feelings about content. Donna was still unsure of herself; 17% of her responses revealed incongruency.

## Session 5

Description of events. During the session, Jennifer was talking constantly. Often when she was discussing an

issue close to her, she would move into a mode of pretending.

At one point, she made dinner for dad, but served Donna instead. She was not very enthusiastic about this. There could be two reasons for that: she was upset that dad couldn't come or it was much easier to be in charge with imaginary people than with Donna.

For the first time, Jennifer played with more than one play doh at a time. Some of her activities were more aggressive; she dumped water into the sand. She made all sorts of things for her mom to see. There were many themes evident in Jennifer's play; some of them were recurring. These themes included right versus wrong, expecting the worst, attention to detail, and taking responsibility easily.

Reflections upon process. In supervision, Donna shared many things that affected her in this session. When Jennifer responded by turning away, Donna became hesitant and nervous. The issue of whether Jennifer's mom would come into the playroom for her meeting with Donna kept coming up. Donna was consumed about letting Jennifer know that mom would not be coming into the playroom. Donna was very uncomfortable when Jennifer was quiet and this prompted her to ask many questions. Donna realized she needed to move to a deeper level, but couldn't seem to take that step. That

45% of her responses focused upon content, and 18% reflected feelings about content illustrated this point. However, Donna had become aware of what she needed to do. This might point to why fewer of her responses were scored as being incongruent (only 8%).

Summary. Donna seemed overwhelmed with the number of new behaviors on Jennifer's part tonight. There were many opportunities to focus on process such as when Jennifer showed ambivalence when she alternately fed the baby and drank out of the bottle herself. Real life entered into her play tonight when she made dinner for her dad and he didn't show.

#### Session 6

Description of events. Jennifer worked hard to get the glue stick open. She tried everything before she asked for help. Her reaction was very interesting. She said, "I'll never put this lid on again."

Jennifer was very industrious in this session. There was almost a frantic quality to her play. These new behaviors overwhelmed Donna. When Jennifer poured sand into the paint Donna needed to set a limit, but seemed to be terrified to do so. She forgot to state the feeling when she finally got it out. This limit setting unnerved Jennifer. She became very quiet, cleaned up the area, moved

away from the easel, and went across the room to play with the people in the school.

Following her aggressiveness, Jennifer drank from the baby bottle. This illustrated the aggressive-regressive pattern that appears so often in play sessions. The bottle was soothing after such hard work.

Further, Jennifer spent the rest of the evening as far away from the easel as she could get. It was evident how much it meant to Jennifer to please others and how difficult it was for her to make mistakes.

Reflection upon process. Jennifer came in very confidently tonight; this intimidated Donna. Donna wanted to reflect something "important"; she was not being natural (her incongruency score was back up to 15%). Further, Jennifer was being very aggressive and messy: she was burying things in the sand, she put glue on the easel paper, and she threw sand on it. This behavior horrified Donna. When she engaged in the dramatic play with the school, there were many spots where Donna could have reflected and brought the issue into the moment: Jennifer talked about how the characters saw one as a trouble maker, but that she was not, she just wanted to be by her mom and dad. She discussed how the family needed to squeeze so the baby would fit. In both of these instances, Jennifer was probably talking about

herself. It further indicated that after a painful incident Jennifer worked through her feelings in fantasy play.

Because Donna concentrated on the content within the play, 48% of her responses were content focused. Further, just 23% of her responses were coded in the empathy category, and only 4% of those were considered to be accurate empathy. However, this was the first time since the first session that Donna achieved accurate empathy. Although slowly, progress was being made on the parts of both Donna and Jennifer.

Summary. This session showed how much Jennifer couldn't stand to make a mistake, or to have anything go wrong. She showed that her way to cope was to try to totally avoid. Donna attempted to get to feelings tonight, but all the ones there to reflect were unpleasant ones, so she backed off. This indicated avoidance as a coping mechanism for client as well as therapist.

### Session 7

Description of events. Tonight Jennifer was very quiet. It seemed as if she were still reeling from the limit set in the previous session. She kept her back to Donna; she continued to keep away from that side of the room. However, Jennifer worked with guns later. This may have indicated she was ready to address her anger. Jennifer

showed further growth when she shot at the glass. Donna set the limit and Jennifer did not react as she had last week

When Jennifer engaged in dramatic play, Donna was able to reflect an angry feeling through a puppet. There were angry feelings present tonight: Jennifer hit Bobo many times, she shot the guns, and she displayed anger through the puppets. The aggressive/regressive pattern was evident again when Jennifer drank out of the bottle after shooting one of the guns. She was experiencing a wide range of emotions. She continued to be adept at avoiding them by going in and out of fantasy.

In her play this evening, Jennifer set up many goals for herself. She wanted to feel successful so she often made adjustments in order to achieve the goals.

Reflection upon process. Donna was tentative by reflecting content (40%) and for the most part only reflecting feelings if they were pleasant ones (20% of the total responses). She did not achieve accurate empathy during this session: 15% of the responses were concerned with feelings about content; 7% were related to the avoidance of feelings.

During the supervision session, Donna stated that she was so intent on finding the meaning in everything Jennifer said and did that she was unable to simply reflect the feeling in the moment. She was able to sense the feelings



but focused on cognitive issues trying to interpret. Further, she believed that she was waiting for that magic moment when the time was right to make the perfect interpretation.

When Jennifer was so aggressive in her play, Donna admitted that she froze; she did not know how to respond. When she tried to reflect anger, Jennifer did not respond so Donna dropped it. This was an example of a lack of follow-up. If Donna had followed through, she may have been able to see Jennifer's perceptions. In her interview, Jennifer stated that she was beginning to feel more confident in that she could take risks and play with anything. She understood that Donna would set necessary limits and this made her feel safe.

Donna saw the resemblance in the dramatic play to Jennifer's own situation, not only outside but also inside the playroom. However, she was hesitant to speak. The content of the play fascinated her and she did not want to interrupt Jennifer. Finally, Donna showed her insecurity when she explained that as Jennifer looked at the clock, Donna took it personally.

Summary. This was the first session where Jennifer was directly aggressive. Donna addressed a few feelings during the session, but there was no follow-up.

Session 8

Description of events. Jennifer engaged in the aggressive/regressive pattern again this evening when she hit the nails, drank out of the bottle, and then shot the guns. However, Jennifer was playing with the aggressive toys for a longer and longer time.

Jennifer seemed to be restless this evening. She moved from activity to activity and often sighed.

There was a theme emerging this evening. It is a common one, but was even stronger during this session. Jennifer liked it when things worked out, and she was mad when they didn't. However, it was scary for her to be mad so she became a character. Fantasy was definitely a coping method for her. In this session she showed more anger than ever before, and it was so hard on her that she wanted to leave the play room. Jennifer really wanted to avoid the angry feelings.

Reflection upon process. In the beginning of the session, Donna was keeping her reflections safe. It seemed as if both Jennifer and Donna were uncertain about anger--almost like 'is it okay?' At the end of the session, Donna was able to give a good response when she reflected "you worry about a lot of things." This was positive for two reasons: Donna was able to generalize to Jennifer's life

outside the playroom; it gave Donna a boost of confidence that she made a meaningful statement and there were no negative consequences. In fact, Jennifer agreed with her.

Summary. This was a powerful session even though Donna's main focus was on content (43%). More responses of empathy were attempted than in any previous session (43%) and 3% of those were scored as accurate. Although there was avoidance of feelings (12%), the incidence of incongruence was down (6%). Further, this was the first time that congruence was in evidence (20%). This pointed to an increased level of confidence for Donna. In this session, she was able to refer to the relationship and to look for some underlying meanings.

#### Session 9

Description of events. Jennifer again showed that she liked to escape through fantasy play, but in this session Donna made a conscious effort to interject meaning into the narrative. The dramatic play was very confusing, but illustrated some important themes: (a) one needed to be careful because people will hurt you, (b) people who hurt her should be sorry, (c) she wanted people to understand how she felt, and (d) it was scary to be so angry.

It was evident that Donna was nervous during this session, as demonstrated when Jennifer was shooting the gun.

The darts went very close to Donna and hit the window, but Donna was hesitant to set any limits.

Jennifer set up a game in which there were many goals for herself. This seemed to indicate that she tried hard to reach goals, she didn't give up easily and that she expected a lot from herself.

Reflection upon process. In supervision, Donna shared that Jennifer's dramatic play implied an attempt to avoid real life. However, there was so much meaning inherent in her play that there was no separating it; so Donna needed to keep Jennifer focused.

Donna not only made a reflection of an angry feeling but she attempted to match the intensity of Jennifer's play. When this occurred, Jennifer looked at the clock and then changed the subject. Jennifer did not like it when Donna was able to sense how she really felt. Therefore, Donna really needed to follow up her reflections.

Finally, the aggressive/regressive pattern emerged again. This time Donna was able to put some meaning to it for Jennifer. This was an excellent way for Donna to get to feelings and underlying meaning.

Summary. This session was much more therapeutic than the previous ones; progress was being made. There was a big drop in content-focused responses. The last five sessions

were from 5-10% higher. There was a decrease in statements that were incongruent (only 4%). In the category of empathy, fewer responses focused on feelings about content than most sessions. Most importantly, there was more accurate empathy than in any of the previous sessions. This trend would enable Jennifer to speak more freely about and experience her feelings.

### Session 10

Description of events. During this session, Donna shared with Jennifer that she would be talking to Jennifer's mother about their sessions. She explained to Jennifer that she would tell Mom that she felt it was hard for Jennifer to share feelings and that Jennifer worried a lot about things. Jennifer agreed with all of this.

Donna was able to connect Jennifer to a dramatic play when she said "that little girl likes to be alone just as you like to be alone." Donna showed she was more comfortable tying behaviors in the playroom to feelings with comments such as: "you want the tadpole to be happy because it is hard to be sad." The following example illustrates Donna's increased ability. Jennifer got angry about something and wanted to leave, and Donna reflected that to her. Then Jennifer got the bottle and started drinking. Donna told her that the bottle made her feel better because

it was not fun to be mad and sometimes it was scary. Jennifer responded to this by pounding nails. Donna stayed with her anger; Jennifer did not respond but pounded harder. Donna reflected that the increased pounding was her response.

Reflection upon process. The aggressive/regressive pattern showed up again. Donna had a hard time reflecting anger because Jennifer hid it so well. However, she worked hard to reflect it while Jennifer hammered. Jennifer showed that she understood and appreciated this when she stated in her interview "when I pounded, Donna would know I was really mad and I could pound harder." Donna was also able to put meaning to the use of the bottle: "babies don't have to worry about anything." In the session, Jennifer agreed with this.

Summary. In assessing Donna's progress, there were more responses made in this session than in any other (only two sessions even came close). Just 33% were content-focused (only one session was lower). Incongruency was low at 4%. Donna showed the greatest progress in the category of empathy. More responses were coded in that category than in any other session. Donna achieved accurate empathy with the highest frequency yet (10%).

### Case Summary

Donna successfully attempted reflections of content, reflections of feeling, and statements of underlying meaning. The progress was in the right direction; it was just not soon enough or deep enough. With Jennifer's ability to avoid feelings, Donna needed to move to a deeper level of empathy and consistently respond at that level. Further, it seemed she shied away from relationship comments and rarely attempted generalizations. Toward the end of the experience, Donna was able to consistently exhibit unconditional positive regard. Her lack of confidence, however, did not enable her to be congruent with Jennifer.

When determining her influence on Donna, it seemed as if Donna felt Jennifer had a wall of defensiveness built around her and Donna let that intimidate her and limit her effectiveness. She felt that Jennifer did not want to address any feelings, so she did not push it.

On the whole, though, these sessions proved to be more therapeutic toward the end and Jennifer was able to gain some insight into her avoidance of feeling and constant worrying. As Jennifer shared, "It turned out pretty good."

### Case #2: Marilyn and Sean

This dyad was made up of Marilyn and Sean. Marilyn was a graduate student who was taking her last class to get her

Master's degree in Counseling, and who had been involved with children for many years as a classroom teacher in the 2nd grade. Sean was a boy of five who lived with his mom and her boyfriend. Sean had little or no contact with his real father. His parents divorced when he was an infant.

### Session 1

Description of events. Sean entered the playroom both enthusiastic and excited. He kept himself very busy by examining all of the toys. He tried out all of the guns. He was curious about the other kids that came into the playroom. Sean shared a little about himself, his mother, and her friends. He seemed very concerned about where his mother was and seemed upset and anxious because of that concern.

Reflection upon process. Sean asked lots of questions. Marilyn had a hard time not answering them. She needed to turn many of her answers into reflections. Some of her responses were non-empathic: "remember what I said"; "I'm sure you can do it"; "you have to figure it out"; "you're doing fine." She was trying to impart that he was in charge in the playroom; but she seemed to be giving a different message, as if she expected something from him. This illustrated her role confusion between being a teacher and a



therapist: she vacillated between being conditional (8%) and unconditional (12%) in her regard for Sean.

Reflections of content were numerous, consisting of 22% of the total. There were many opportunities to reflect feelings, but Marilyn did not attempt this (lack of accurate empathy). Most of her empathic comments were those that reflected feelings about content. She seemed very nervous; her responses were tentative (16% of her comments showed a lack of congruence). She further illustrated her nervousness when she tried to give the time limit. She didn't seem to want to say anything definite (lack of unconditional positive regard). It was hard to leave and she thought he couldn't handle it.

Summary. This was a typical first session. Both Marilyn and Sean were a bit nervous and tentative. Some patterns were established. These two were able to get a little more comfortable with each other.

## Session 2

Description of events. Sean began the session by revisiting his favorite toys. At first, he seemed a little restless, but Sean was very task oriented. Toward the end of the session, he spent an extended period of time at the art table working on a project.

Some of the themes present in this session included Sean's need to have things "right." He didn't like to make mistakes. Further, he wanted and expected Marilyn's help in things he thought were too hard for him or in things he did not want to do (like taking his pictures down from the easel). He came to the realization early that he would not always get the answer or behavior that he wanted from Marilyn. This frustrated him and made him angry.

Reflection upon process. Marilyn felt distance from Sean during this session. When he asked about Mom, she stated "I'm sure she is in the building." She needed to reflect a feeling here and tie it to the distance that she felt earlier. As a result of her reaction to this distance, there was no accurate empathy in this session. Marilyn avoided feelings 12% of the time and in 22% of her responses she reflected feelings about content.

Sean was more relaxed; he used eye contact when he spoke to Marilyn. She seemed hesitant; she was incongruent 12% of the time. Many of her responses were questions rather than statements.

He had not finished with his art project when time was up. Marilyn did not want to interrupt him--she stood up to state time was up, then sat back down when he did not want to leave. This was an excellent time to set a limit and to

show she knew he could handle it. She continued to struggle with the idea of unconditional positive regard.

Summary. On the whole, what she said was appropriate, she just didn't say very much; her total number of responses was low at 51.

### Session 3

Description of events. Sean started on the art project first this time. It was almost like he didn't want to run out of time tonight. He again expressed his concern over getting dirty or in making mistakes.

Sean drew an interesting house that looked like it was on fire. Marilyn avoided what was going on in the picture and focused on the mechanics of painting it. This pointed to a focus on content. Another illustration of that would be when he mentioned his dad while beating on the drums. She repeated his comment about his dad and then commented on the drum itself. He reacted to her avoidance of feelings by shooting the guns.

Sean attempted many ways to engage Marilyn. First, he tried whining to get her to pay attention to him and to answer his questions directly. Then he tried a question to which most adults respond when he asked her if she liked his new shoes. Finally, he gave her some candy. When she told him that the playroom was not a place for eating, he got

upset and went all the way across the room and was silent for some time. This experience was not only new and different for him, but also confusing.

Reflection upon process. Marilyn focused on his behaviors (21%) and his feelings about behaviors (24% of her total responses). She made an increase in relationship comments such as "it's important for you to show that to me." She was beginning to get to the underlying meaning like "you want to do that right." She was able to reflect some feelings: pleasant ones like proud, and unpleasant ones like disappointed. These types of responses combined for 39% of the total.

Summary. In this session, Marilyn seemed to get in a rut. She found a couple of phrases that worked and she used them over and over. Marilyn simply seemed mechanical during this session.

#### Session 4

Description of events. Sean began the session by playing with the drums for a short time. This must have upset him because he moved to the other side of the room, began to ask for his mom, and then was silent for 13 minutes. He worked on an art project, but following that he was restless. Later, he went back to the drums but Marilyn

still did not mention his real dad. He shot the drum with the dart gun, but still no mention.

He spent the rest of the session being angry at Marilyn and wanting to leave.

Reflection upon process. In her reflection notes, Marilyn responded to some of her insecurity during this session. When Sean did not respond to her, she assumed he was ignoring her. This related directly to her effectiveness, especially when his silences conveyed so much feeling that needed reflection. She stated she felt she needed to overcompensate (which would account for the constant reflections throughout much of this session). Marilyn realized she took what Sean did personally. This was causing her to doubt herself (which would account for her tentative nature). These attitudes had an enormous effect on their relationship.

She had some good reflections: "you seem to be working hard"; "you seem concerned"; "you seem happy"; "you just weren't quite sure." However, she seemed to comment on every behavior he had this evening: "you want to do that"; "'you want to get that right"; "that seems important." Sean can't make a move without her commenting on it. He often sighed during this portion of the session, and he did not speak for 13 minutes.

One area Marilyn did not comment upon was his anger toward the drums. This would be a subject for generalization later on, but she avoided the discussion of it totally. Another of the areas to which she did not respond was his confusion over her responses. In his interview, Sean stated that he really wondered why Marilyn did not answer him or get things for him when he wanted her to. He expressed that all other adults in his life did those things for him. A final area that Marilyn ignored was his ambivalence, especially in relation to his coming to the playroom. On one hand he did not want to come because he missed his mom and on the other hand he was hesitant to leave.

Summary. Marilyn was making improvement in some areas, but in general she seemed stuck in this session. She had a low total number of responses (50), which probably relates to Sean's prolonged silences. There was no accurate empathy present in this session, but Marilyn was able to move to a deeper level on the empathy scale than in any previous session. She was able to focus more on feelings about content (28%) than the content itself (10%). Her level of incongruence was back up to 14% of her total responses. This would coincide with her feelings of insecurity and could be the cause of inactivity in the session.

Session 5

Description of events. He seemed excited to be here. The turning point in the session tonight involved the glue stick. Sean asked Marilyn for help in opening it. Her response was that in here he needed to do things for himself. This was true, but it made him really mad.

During the rest of the session, Sean engaged in aggressive play. He did not express any real anger at Marilyn, but the tension was thick. He kept his distance from her. She wanted him to discuss what she would tell Mom, but he would not contribute.

Reflection upon process. In her reflection notes, Marilyn says that she was struggling to say something effective. This seemed to be overwhelming her thoughts, so much so that she was not in tune with his feelings. She was very uncomfortable with his silences. Marilyn had herself tied up in knots. She kept saying the same things over and over.

She mentioned that he was angry at her for not helping him, but did not follow through on it. The feelings he had concerning this filtered through the whole session. Most of Marilyn's comments were surface ones about behaviors. She needed to get beyond the content and visible behaviors and focus on the relationship between the two of them. She

needed to reflect more distinct feelings and move away from content. The glue stick incident would have been a good opportunity to follow through with some real feelings in the moment: the stick frustrated him, he was angry she would not help him, surprised when it worked, and he gained confidence by being able to do it by himself. Sean expressed his anger in his interview about the glue stick incident. He was furious with Marilyn and could not understand why she did not help him. He felt she should have been able to see he did not know which side to open.

In supervision concerning this session, Marilyn stated that she felt confident when Sean came in more upbeat. However, the glue stick incident seemed to be a turning point. Marilyn knew she did not carry through effectively when Sean became frustrated and angry. She believed this occurred because she became frozen. Marilyn was afraid to say anything for fear it wouldn't be right. Therefore, she reverted to content because that was almost impossible to get wrong. This portion of the session was a perfect example of how the two influence each other.

Summary. Marilyn seemed to be very insecure in this session. She had the fewest responses (39) and her highest rate of incongruence (21%). However, when she discussed something concrete such as Mom's upcoming visit or time



being up, she could be very congruent. This definitely pointed to the congruence score being related to confidence.

In this session, Marilyn wanted to avoid the tension surrounding the glue stick. Therefore, 15% of her responses showed an avoidance of feeling.

### Session 6

Description of events. Some interesting things happened in this session. Sean was noisier than in previous sessions. He spent less time at the art table than usual. The puppets spoke to Marilyn for the first time. It was almost as if he could not express his anger so he would have the puppets do it for him. Sean engaged in the aggressive/regressive behavior common to many in play therapy. He hammered and then got the baby bottle. At times it seemed as if Sean were experiencing an inner conflict. He wanted to appear tough (when he shot the guns), but he was still very vulnerable (when he spoke in a baby voice). Finally, Sean had gone six sessions without breaking a limit. He seemed to still be in the initial stages. This had a lot to do with Marilyn's inability to move him to a deeper level.

Reflection upon process. In this session, Marilyn was still reeling from last week. She was stuck so he was, too. She was not moving from a focus on content. Thirty-seven percent of her responses reflected content and 24% focused

on feelings about content. She was taking his inactivity and silences personally. When she attempted to reflect feelings and he disagreed, she backed off. Eleven percent of her responses showed an avoidance of feeling. She was in a rut again on her responses: "it seems important," "you want me to know." Eleven percent of her responses showed a lack of congruence. This seemed to mirror her lack of self-confidence in this session.

Sean was mad at her in this session, but he was scared to show it, and she was scared to reflect it. She regressed on the empathy scale, and again, no accurate empathy was present. He tried to communicate his feelings through a puppet, but she did not respond or explore. He was very distant in this session. There was a tension between them that Marilyn either did not feel or simply couldn't address.

Summary. Marilyn stated that she did not expect the tension from last session to carry over. It surprised her when Sean was so distant and she took it personally.

Supervision given to Marilyn was that Sean was confused about his feelings. She needed to help him sort through these feelings, and keep any needs of her own out of it.

### Session 7

Description of events. Sean came in agitated tonight. He played with many aggressive toys such as the punching

bag, the guns, and he had the puppets fighting each other. He made many clicking noises with his tongue. When he saw the glue stick, he began to speak in a baby voice. He argued with Marilyn about how much time they had left in the playroom. Further, he disagreed with everything Marilyn said, even if it was a simple reflection of content.

At other times, he engaged in very constructive activities such as building with blocks, working at the art table, and sharing about himself to Marilyn. He told her he did not like to "mess up." Also, he shared that he would never tell her he was angry with her. He worked very hard to avoid the issue of anger.

There was a sense of ambivalence present in this session. It seemed that on one hand Sean wanted to draw Marilyn in, but on the other, he tried to push her away.

Reflection upon process. Following supervision concerning session 5 and 6, Marilyn seemed to have gotten herself out of the rut. She was much more interactive. She was taking more risks. She was reflecting feelings, both pleasant and unpleasant. Even though she still backed off when he did not agree, this did not stop her from continuing to look for the feelings in the moment.

Another positive aspect was that when he continued to disagree with her, she told him she could see that he didn't like what she said, so he disagreed. Further, she made an

attempt to generalize when she said, "I'm wondering if you get angry when people don't tell you things you want to know." He agreed with this.

Sean seemed to be out of his rut, too. He broke a limit! Marilyn did a good job of setting the limit of not shooting at the window. He was not yet ready to admit he was mad at her. He used his defense of baby talk again. He was mad that she wouldn't tell him what time it was. He criticized her for it and then immediately apologized. She reflected that in the playroom he could talk and share how he felt. He responded by turning and shooting the gun at her. When she reflected his anger he said "you never told me I could say and share how I feel." Interesting.

The issue of not wanting to mess up came up again. Marilyn reflected "it must be hard to try all the time." As his level of anxiety rose over the course of the session, Marilyn shied away from the intensity by referring to his feelings of anger as sadness. Even so, because she was talking about hard stuff, Sean wanted to leave. Marilyn needed to reflect the reasons he wanted to leave. This would have been not only therapeutic, but also especially helpful to Sean. He indicated in his interview that sometimes he does not know why he feels a certain way. He agreed that this was frustrating and hard for him.

Summary. This was took the criticism from critiques and really put more total responses than increased effort. She more session than in the previous incongruence and was able attitude toward Sean. More and she was able to follow

Marilyn did a good there was almost no avoid underlying meaning (she first time), and making focus on content was very make some good generalizations with it as was necessary and aimed it right at her, and disagreed with her, and the next step and follow

### Session 8

Description of even with the feelings he had through the puppets, then leave, and then he hid u

like her. She needed to reflect the meaning of these behaviors to him. Sean showed ambivalence and agitation tonight, as well as regression and avoidance.

He got really mad at her when she wouldn't respond to his question "do you like my new shirt?" Sean took the shirt and snapped it at her. This really unnerved her and she was not firm with the limit. However, she did address it. He in turn told her he did not want to listen to her. Then she reflected that he was really mad at her about something. Unfortunately, she focused on the reason he was mad instead of just sticking with the feeling. He did give her a reason and she was able to generalize that for him.

Sean seemed to be actively trying to figure out this relationship. He repeatedly said things such as "are you thinking what I am thinking" and "is it my problem or is it yours." It was almost as if he knew she could see how he felt, and he wanted to give his cares and worries to her.

Reflection upon process. Again, Marilyn showed a willingness to be active with a high total of responses. Marilyn seemed more self-assured this session even though Sean did not want to come in. Again this evening, Sean disagreed with everything she said, even if it was a simple rephrase. It seemed as if he wanted to negate each of her statements because then he could easily disregard the feelings. She continued to reflect feelings for him and

comment upon the fact that some things made him happy and some things made him mad. She could have probably extended this by helping him see sometimes his feelings were all mixed up.

In general, Marilyn was much more in tune with Sean's feelings tonight. Marilyn was able to move quite high up the empathy scale and achieve accurate empathy. Although her focus on content was down and reflections of feelings about content were at their lowest, her incongruent responses were up. This pointed to the fact that it was very hard to stick with this kind of intensity.

At one point in the session, Marilyn had a conflict of roles. She had been a teacher for so many years that it was hard for her to switch to role of therapist. Sean again got the puppets to express their anger at Marilyn. He put them right up in her face. Marilyn indicated in her reflection notes that she thought he wanted a reaction from her, so she did not respond or get angry. That defines the difference between teaching and counseling. Those things must be addressed in the play therapy relationship. Those are the types of things that make the sessions therapeutic. She should have reflected all that she was feeling: "you really want to scare me"; "those puppets are so angry with me, I wonder what they want to say to me."

Summary. There was some real work done in this session. Marilyn still needed to work on matching the intensity and the follow through, but she was able to pursue some unpleasant feelings and help Sean see that he was an angry little boy.

### Session 9

Description of events. It was another difficult time getting him into the playroom. Once he got in, he pointed the gun at her. She set the limit, but phrased it in terms of a rule. He told her he knew the rule but did not want to follow it. Luckily for her, he dropped this issue, because she did not know what to do with it!

She reflected his anger at her for not answering him. He responded by clicking his tongue (agitation) and saying he wanted to get out of this place (avoidance). Later, he admitted to her that he was mad at her in a song he sang in baby talk (regression). Finally, after all of these attempts, he was able to admit to her that he was mad at her in a normal voice and without a prop. This seemed to indicate that he knew his feelings would be accepted, and he was ready to take responsibility for them.

Some of the themes that were present in his play tonight included: wanting to get rid of his problems; wanting to break the limits, but not wanting to get in



trouble; wanting her to join him in his anger by teasing her and trying to get her angry; feeling that if he was careful, things would work out; and wanting to appear strong but showing that he still relied on mom.

Reflection upon process. Marilyn indicated in her reflection notes that she recognized that when she needed to persist, she tended to change the subject instead. Now that she was aware of that, she could alter that behavior.

She seemed to be taking less of what he did personally. This is an essential part of working with children in play therapy. Marilyn showed progress by raising her level of accurate empathy to 8%. She decreased her focus on content and feelings about content to 19% each. Avoidance of feeling was eliminated as a choice of response.

Conditionality and incongruence still seemed to be Marilyn's biggest problem. This stemmed from her role confusion in being a teacher and her lack of confidence in some of her skills. Some of the other things she needed to focus on now were to eliminate the qualifiers she gave to her statements (seems like, almost, etc.). Further, she needed to be more specific when she generalized to circumstances outside the playroom such as changing from "adults" and "others" to Mom, Dad, or teachers.

Summary. These sessions were progressing well even after their slow start. Marilyn showed real growth in this session by telling him he didn't like to share his feelings much, instead of obsessing over his silences.

### Session 10

Description of events. Sean really exhibited his ambivalence and mixed feelings this evening. He alternated throughout the session being very sarcastic (he mimicked her, and he made comments telling her he was glad they are done) and being conciliatory (he gave her pictures, and told her he liked coming).

Sean made progress in these sessions by no longer being afraid to hurt her feelings. He was able to openly admit his anger toward her. He also indicated that he would like to know how to express it more effectively.

Reflection upon process. In supervision regarding this final session, Marilyn shared that Sean's distracting comments frustrated her and caused her to lose her train of thought, so she often ended up changing the subject. It seemed her struggle was with congruence. She didn't always do what she knew she needed to--she felt cautious with Sean, but in this session her incongruence score was very low at 6%. A lack of unconditional positive regard had been present as well, although in this session it was held to a

low 2%. Empathy seemed to be consistent. As in the last session, she was able to achieve and maintain accurate empathy and avoidance of feeling was absent. Marilyn was able to address his ambivalence. Also, she came a long way in being able to reflect his anger toward her and being able to follow through with it. Illustrated by the high number of neutral responses, a guiding principle in this session seemed to be that Marilyn wanted to end on a positive note.

Summary. It was too bad that this was their last session. Sean seemed just now to be ready to work. He had such a wall built up around him; it was just now starting to crack. In a typical last session, the therapist would need to reflect progress and tie up loose ends for the child, but it did not seem to fit in this one. Marilyn did comment that it was sad to be all done and he was able to agree with that. Sean was able to learn a little about himself and gain some insight. However, this was one instance when termination came too quickly.

#### Case Summary

In regard to mutual influence, Marilyn admitted that how Sean reacted really affected what she would do next in the session. Marilyn also stated that when she thought Sean agreed with her, she felt more confident to continue.

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### Case #3

This dyad was made u  
recently graduated and ha  
children as a counselor a

year old boy who attended preschool. He was referred to play therapy because of outbursts of temper and manipulative behaviors. He lived with his dad because when his mother remarried and had another baby, she sent Kevin to live with his father.

### Session 1

Description of events. This was a typical first session with Kevin entering full of wonder and asking many questions.

He came quite close to Gwen many times in asking for help or asking where something was, but he did not have very much eye contact. Some of Kevin's questions flustered Gwen. She ignored some or answered them directly. She seemed too nervous to do many reflections.

He did not like it very much when she did not help him. This was evident because he shot the ping-pong ball right next to her, then he turned his back on her. In the future, Gwen will need to reflect that--it seemed to be a direct correlation.

Reflection upon process. Later, he aimed the gun right at her while looking directly at her. She gave him no expression of anger and he shot it up at the ceiling. In her case notes, Gwen mentioned that she had told him he could do things on his own, he said "huh" and asked Gwen her

name. She felt that this, combined with the gun episode, helped their relationship change from one of strangers to a kind of mutual respect.

At one point, he told her what the mask was and Gwen felt that he was beginning to lead more in the relationship. When she helped him in opening a box, she explained to him that she did it because it was too hard for him. From that time on, he gave her eye contact and spoke to her.

In his interview with the researcher, Kevin demonstrated that he asked distracting questions when things began to upset him. Toward the end of this therapy session, he stopped asking so many questions and started naming things on his own. This decreasing number of questions showed he was a bit more comfortable.

Summary. Gwen was very cautious in this session. This was evidenced by the fact that many of her responses either focused on content (27%) or were neutral (23%). She did not actively avoid feelings, but did not attempt any accurate empathy. Basically, she wanted Kevin to feel welcome and so her responses which reflected a high level of unconditional positive regard were at a high 22%. However, Gwen also learned during this session how to reflect, when to help Kevin, how Kevin would react, that Kevin fluctuated from wanting to be close with her to wanting to be more distant.

Session 2

Description of events. This session was much like the first in that Kevin asked a lot of questions and wanted Gwen to answer. She got overwhelmed a couple of times because he asked these questions so fast. As in the last session, Kevin wanted help when something did not work for him.

At one point, Kevin was feeding the baby doll, and he punched it in the eyes with the bottle. (Gwen needed to keep this in mind because this could have been an indicator that he was mad at his new baby sister.) Further, after he was aggressive with the baby he became regressive in wanting a drink for himself, asking to leave the room and going back to asking all of the questions. Another instance of Kevin's desire to avoid was when he was acting out a family and talking about babies, and he quickly switched over into fantasy by discussing Batman and Superman.

Reflection upon process. Gwen was reluctant to reflect any unpleasant feelings. However, she was able to reflect to Kevin that he was in charge in the playroom and that the choices were his. It seemed that because of this, Kevin not only tested the relationship, but he was also eager to get out of the playroom. He was not used to having choices or being empowered. It was hard for him to be in the playroom. This pattern of wanting to escape was in evidence in his

interview, when Kevin expressed an urgency about leaving when the questions began to concern his feelings.

When the time was up, Kevin dumped the bottle of bubbles on the floor. He looked at Gwen and got no reaction other than to be told the time was up. Then he asked, "Can I paint?" Again he was told that time was up. Gwen viewed these as two major tests of the relationship. She felt it was a good way to end because Gwen did not lose control, and Kevin still feels a sense of freedom and acceptance.

Summary. It was mentioned that Gwen was reluctant in this session. Tallying her responses seems to affirm this point. She had her lowest total number of responses with 84. Although she was able to reach a higher level on the empathy scale, no accurate empathy was achieved and the percentage of empathic responses was at a low of 20%. Focus on content was high at 35% and reflections of feelings about content were at their highest at 9%. Also at their highest level were neutral comments at 31%. Gwen seemed to be in a holding pattern during this session.

### Session 3

Description of events. Right away in this session, Kevin wanted to get out and go to the bathroom. He was angry that Gwen would not let him go (he went right before he got to the playroom). It seemed as if he were testing a



lot today. Further, he wanted Gwen to play with him. She reiterated that Kevin could make the choices in the playroom and that the toys were for him.

He made the whole doll family crash, being especially mad at the baby. Then he cut Gwen with the plastic knife. She reflected his anger at her and got no response. He was mean to the baby again and when Gwen reflected anger toward the baby, Kevin agreed.

Later, Kevin played with the play doh. He made a cake, then smashed it and tried to eat it. A limit was set that the play doh was not for eating. Gwen did not name the feeling. Then, he smashed the bunny into the play doh. He followed this up by rubbing the play doh all over the two-way mirror. Another limit was set, again without naming the feeling. Finally, he mixed the play doh. She again set the limit, but this time named his feelings. She got no response from him, only that he kept mixing it. After setting the limit three times, she had to put the play doh up. Then, he helped her clean it up. He continued to vacillate between doing things to make her mad and trying to join with her.

However, Kevin was upset and moved on to the glue. It went on everything. He really tested her. She was able to set limits effectively and he followed them. He agreed with

her that he was angry with the bunny, but he would not admit to being angry with her.

Reflection upon process. In her case notes, Gwen stated that she felt she would see an increased level of trust when he was able to admit that he was angry with her. Further, she said that she felt a power struggle during the session. It seemed that Kevin was trying to gain trust of Gwen to see what their relationship would be like. This pointed to progress in the relationship. Progress was also shown in Gwen's responses. She was able to move to accurate empathy for the first time. Her focus on content was low at 23% and her neutral comments were at their lowest at 12%.

Summary. All in all, Kevin was allowed to make choices and feel the safety of doing so. Both client and therapist were becoming more comfortable with their roles.

#### Session 4

Description of events. Kevin began the session playing with the family figures. It appeared they were dealing with a fire and Kevin was trying to save the baby. This must have been too much for him because he became kind of restless and then got the glue again. He remembered everything he put it on last week and again tested Gwen. She set limits and he was able to follow them. Gwen felt

that Kevin trusted her a bit more; it was like he now understood that she would not become angry with him.

He wanted to fix dinner for her. She had a personal rule that the toys were for him, so she held her plates and food but did not eat. He then took his food across the room. She made a comment and he told her to be quiet. She thought he was imitating his dad and missed his anger toward her. He yelled at her to EAT NOW! Instead of focusing on his anger, she commented on his joy in telling her what to do.

Later, he was frustrated in trying to find a place to hang the eye chart. She was able to reflect his anger when he gave up and went for the glue: "you're mad so you want to cover everything with glue." This was effective in putting feeling and action together. When he went to put glue on the floor for the third time (a limit that had been set previously because of the carpet) she told him he had a choice to break the limit, but then the glue would be put up for the rest of the time. This made him mad so he threw the glue and said he wanted to leave. She was able to link a feeling to this reaction.

Reflection upon process. When Kevin played doctor, again he fluctuated between being close in giving Gwen band aids and hurting her with the shot. However, in this session Gwen did not feel the power struggle that she felt

in the last. A reason could be that there were feelings in this session that Gwen missed. She stated that she did not want him to become as angry as he did last week so she backed off a bit. In her reflection notes she decided she needed to find a balance between the two sessions.

Summary. In trying to keep this session safe, Gwen displayed an avoidance of feeling for the first time. She was able to achieve accurate empathy, but her focus on content was high with 38 total responses. She mentioned she did not want to upset him, and her attempt in that was evident as 12% of her responses reflect high unconditional positive regard, or a deep concern.

#### Session 5

Description of events. In this session, Kevin discovered that there was a glue stick instead of the glue bottle. This was a new experience for him and another opportunity to test Gwen. He was able to follow Gwen's limits, but pushed them to the extreme. Today when he played doctor, he tested her reflexes and really wanted to hurt her. This was the first session where he stated that. Then Kevin wanted her to doctor him. She would not do this and that made him mad.

Reflection upon process. In supervision regarding this session, Gwen stated that in one incident when Kevin directed anger toward her, she hesitated in voicing it because she did not like conflict and had a problem with anger. Further, she felt that setting the limits and naming the feelings would shut Kevin down. This illustrated that what the child does affects how the therapist feels. This further explained why the neutral responses Gwen made were at their highest at 31%.

The doctor incident was the one to which Gwen referred above. She did not address his anger and hesitated in setting the limit. This led to his becoming almost frantic in his anger, and he went for the glue again. Then he wanted to leave. Finally she was able to acknowledge the anger toward her, and he agreed. This showed progress on both their parts. Gwen felt that this was another step in their relationship. He felt safe enough to admit he was mad at her without fear of reprimand.

Summary. The supervision given to Gwen included: don't let her sympathy for him get in the way, stay with his feelings, begin to generalize to outside the play room, and then reflect upon his response to that.

Session 6

Description of events. Kevin started right where he left off by shooting her dead; but this time he whirled around and shot her for real with the dart gun. He accepted the limit and began shooting the clock. He was very intense, so much so that while she was giving him a limit he shot her again. She was so shocked that she reacted by laughing. At this point she did feel a power struggle. Instead of asking her "for this?" and waiting for the answer, he would say "for this!" and shoot it right at the mirror. Finally, she told him that he could choose between shooting at those things or having the gun put up. This gave him the power and he did not shoot her again. However, he regressed to baby talk and showing helplessness by asking all the questions again. This really illustrated the ambivalent, back and forth, aggressive and regressive nature of play therapy.

Reflection upon process. Kevin exhibited angry behavior at her all through the session, but she backed off and let it become a game. They both seemed to be stuck in this session. For the rest of the time, she tried to avoid feelings. She felt in retrospect that she discouraged his anger. She probably did not want him to shoot her again. However, she could no longer ignore his intense anger when

he cut her up with the plastic knife. He was frantic. But then that was it. Neither one of them could handle any more.

Gwen stated she was very frustrated during this session. Kevin's anger was very big; it was part of him. Through supervision in class, she realized she would not be able to help him if she did not stick with his anger. If she took it step by step, it would not be so overwhelming. One thing to remember was that working with Kevin was very tiring, but being Kevin must be very hard.

Summary. As was previously mentioned, Gwen seemed stuck in this session. This point was illustrated when her responses were reviewed. Although she had achieved accurate empathy, she had not progressed on the scale since session three. It was also evident that she was keeping away from feelings; in fact this was one of only two sessions where avoidance of feelings responses were made.

#### Session 7

Description of events. Kevin came in checking everything out and he became almost frantic. He didn't lose control because Gwen reflected it right away. He fluctuated among lots of emotions. He confirmed most of her reflections.

It was evident that Kevin felt accepted. Therefore he wanted to be close to her. On the other hand, he felt accepted enough to show his feelings of anger and they were usually directed toward her! This point was illustrated in the doctor game that Kevin played. He wanted a chance to be close to Gwen, but as she reflected his feelings, he became angry and wanted to hurt her with the shot.

However, one could see that Kevin was making progress. In this session he really wanted to shoot Gwen with the dart gun, but was able to find more appropriate places to shoot. Then, she told him there were people outside the playroom he might like to shoot. Following that, Kevin acted out a scene with a baby and a bigger girl. This might have been related to his sister and his mom.

Later, as Kevin exhibited anger toward her again, she was able to reflect it, and then he taped them together. He must have felt that she understood him. Kevin wanted them to get through this together. Later, in his interview, Kevin indicated that this was the part of the play therapy experience that he like best. For him, it seemed to be a turning point in their relationship.

Reflection upon process. Gwen felt that Kevin was very sad. But in this session she was able to stick with it; she did not let the sympathy get in her way. He vacillated between mad and sad during the whole session. Gwen helped



him see that when he got mad, he stopped and played with something else. It was hard to be so mad. Through the toys, Gwen had begun discussing how Kevin could like something, yet, at the same time be angry with it.

In this session, Gwen began the process of generalizing. Toward the end of the hour, Kevin spoke of his mother for the first time. Kevin was beginning to gain a little insight into his feelings.

Summary. Gwen was able to act on the supervision that she had received concerning the last two sessions. She was able to not only move down the empathy scale to a higher level of accurate empathy, but also she increased her frequency in accurate empathy from 3% to 18%. The fact that her neutral responses were down showed that Gwen was more active. The increased amount of unconditional positive regard illustrated that she had more faith in Kevin's ability to handle the reflections of feelings. Because of Gwen's intensity and consistency, there was movement in this session.

### Session 8

Description of events. Kevin started out the session by breaking the play doh limit. He seemed quite mad from the outset. He did not build up to it as usual, but was intense right away and stayed there. Kevin was upset with

the choice he made, because after limits were set and not followed, the play doh was put up. First he tried to stall her by making excuses and rationalizing why it was okay to break the limit. Then he responded by knocking all the toys off the shelf. Following that, he looked around and asked "what did I do?" It was almost like he got so angry he did not know what he was doing; he became so angry he wanted to leave. Gwen reflected the anger and set that limit. Therefore, he wanted to shoot her in the face (the only reason he didn't was because the gun didn't work for him). She set the limit and gave the alternative.

It seemed as though Kevin really wanted Gwen to get mad at him. Or it could have been that he wanted her to be mad with him, as he even gave her a weapon to fight him with. She did not join him so he got her with the knife and shot towards her. Kevin seemed to be mad at everything. He tried to find appropriate outlets for his anger. This was so difficult that he wanted to rest. Kevin vacillated between diffuse and focused anger. All this anger made him sad.

Reflection upon process. Kevin spent most of this session very confused. He wanted to hate Gwen, but he wanted to be close to her. He taped himself up real good at the end so that she'd have to help him. That was what she did when the session was over. Further, it was evident that

what Kevin did influenced the way she responded. She knew this was hard for him so her voice became sympathetic.

At one point, he put himself in the waste basket and yelled "help me!" When she did not, he was very mad. This incident led Gwen to believe that she needed to move on to other feelings now that the anger had been acknowledged. She discovered further need for generalization, especially in the areas of lack of trust and disappointment in the adults in his life, namely his mom. In supervision, Gwen stated that she felt very strongly that Kevin felt he needed someone to take care of him. This was what she wanted to work on next time.

Summary. These sessions had become fairly therapeutic. In the responses scored for empathy, Gwen had more that were accurate empathy than were not. The focus on content and neutral responses were both down to indicate that Gwen was becoming much more active. Gwen seemed much more confident and intentional which was illustrated through the increased score in congruence (26%).

### Session 9

Description of events. Kevin began this session by trying to get Gwen's chair. This could have meant many things: he was ready to work, he wanted her to play, or it was a power struggle. She retrieved the chair and he was

mad. This caused him to revert back to baby talk and asking lots of questions. He played with the play doh appropriately for a while, but he mixed it again! Like last session, he tried to make excuses for why he broke the limit. But then he seemed to accept responsibility for his choice when he put the last little bit in and put the lid on the can for her. While she was putting it away, he took her chair. This time she just sat on the stump. That avoided any power struggle.

Kevin showed some ambivalence in this session by going back and forth between trying to take charge and wanting her help. Further, he often asked her questions that he could answer. When he really needed help, he looked to one of the super hero figures in the room. It was like he wanted to be independent, but it was hard.

His anger became more focused. He was angry at a lot of people, but it was easier to take it out on Gwen.

Reflection upon process. During the session, Gwen generalized and kept at it even though Kevin got mad when she did it. She focused on the idea that it was scary to be mad and that made him sad. He cut her face with the plastic knife so that she couldn't talk. An example: "You get mad and sad and you get tired (he cut her). You want to hurt me and you want me to be quiet." "Yeah!" "Sometimes you want to hit me and hurt me and other times you want to touch me

and be close." "Yup." "It's kind of weird being mad at people you like." Following this, he opened up about his family members for the first time. However, this made him sad. He was trying to keep himself busy with the gun and its targets, but they wouldn't stand up for him. He really wanted Gwen to help him. She used this opportunity to reflect that it was scary when people wouldn't help him. He agreed with this, but he threw the gun when she hinted that he might have been angry at Mom. This was too hard for him to admit.

Kevin gave Gwen the opportunity to generalize a lot in this session. However, toward the end of the hour he just wanted her to be quiet and for the session to be over. On the way out, he blocked the door with the waste basket, like he wanted to keep all those yukky feelings inside.

Summary. An immense amount of work was done in this session. This was possible because of Gwen's ability to stick with the multitude of feelings that Kevin was expressing. She moved further on the empathy scale. Most of her comments reflected accurate empathy. There were no responses that showed either an avoidance of feelings or reflection of feelings about content. When the child is able to gain insight into his feelings and be able to see how that relates to his own world, the sessions become therapeutic.

Session 10

Description of events. Kevin must have been overwhelmed by the feelings resulting from Session 9. He tried to keep things on the light side today. He worked hard at not having to work, so he fluctuated between a lot of feelings and seemed restless. However, he did show anger. He knocked all the play doh off the table, he shot the gun, he tested Gwen. Again, a lot of limits needed to be set. He responded by trying to be funny and taping the two of them together.

Some of the content of his play included acting out a family. This was a confusing issue for him, and he experienced a number of unpleasant feelings. When Gwen tried to help him sort these feelings out, he wanted to avoid the issue, and he didn't want to admit any anger. Kevin wanted Gwen to be quiet about it so he tried to shoot her. There was a lot of testing limits following this episode, as if he were checking out the trust level.

Reflection upon process. The aggressive/regressive pattern emerged when following a shooting spree, Kevin drank from the baby bottle. Gwen used this opportunity to discuss the baby. He struggled to keep the session away from the feeling level, but Gwen did not let up. This was illustrated in that almost half of her responses were scored

as empathic. At one point she was able to reflect that it must be hard to be mad at both Mom and Dad. Kevin confirmed this.

Summary. During this hour, the groundwork for termination was laid. Gwen did a good job of tying behavior in the playroom and feelings toward her to the way things were for him out in the world and how he must feel.

### Session 11

Description of events. Because this was the last session, there was a balance between serious work and some fun. Both Gwen and Kevin were sad that their time was coming to an end, and they wanted to end on a positive note.

Midway through the hour, Kevin covered himself with markers and said he was a clown. Gwen used this opportunity to compare this with his life. If he were a clown, he'd never have to be sad and he could be good all the time.

Reflection upon process. Gwen did a good job of helping Kevin see why he felt the way he did. When she began to discuss specific people, he reacted. Mom was mentioned and Kevin kicked stuff all over the room. When he played with the baby, Gwen linked it to his little sister and he spit. She validated his feelings, both pleasant and unpleasant. She discussed the progress he had made. Gwen

explained that this was his last session, and he was on his own now. She went on to say that he had learned so much that he could do things for himself. The session ended with Gwen tying up all the loose ends for Kevin.

Summary. This session was one that Gwen used to help Kevin integrate all that he had learned in the playroom. She was able to terminate therapy knowing that Kevin had benefited from having been there.

Case summary. When assessing the three conditions, Gwen was high on all of them. She expressed her sense of unconditional positive regard by not being judgmental toward Kevin for his behaviors, but by discussing her respect for the enormous amount of work he had done. Gwen demonstrated the highest level of regard by prizing Kevin's potential. Because of her increased confidence, Gwen was very congruent in her responses; she knew what she wanted to say and she said it. She was able to assess the influence that Kevin had on her and adapt her responses accordingly. Finally, she was extremely empathic with Kevin. Not only could she feel what he was feeling, but also she could communicate this understanding to him. This is the definition of accurate empathy.

Gwen effectively progressed through the five steps of the process of play therapy. She reflected both content and



feelings. The relationship between the two of them was used to help Kevin gain further insight into the underlying meaning of his behaviors. Finally, generalizations were made so that Kevin could take this knowledge and use it in his life outside the playroom. All of this added up to Kevin's feeling that he would remember the play therapy experience with a happy face.

Kevin made an immense amount of progress in a relatively short time. Gwen's successful use of the three conditions and understanding of the process of play therapy helped him to do so.

#### Discussion of the Research Questions

In the following section, the research questions are discussed. The discussion and presentation of data were derived from analysis of the three cases.

##### Research Question #1

How is the development of the therapeutic relationship between the counselor and client in the play therapy setting enhanced?

A constant element that enhances or detracts from the development of the relationship is the activity of the therapist. Activity primarily refers to the therapist's ability to be alert to the messages the child is sending and to move the process in response to those messages. Remaining inactive detracts from the development of the

relationship. This means that the therapist becomes stuck. When this happens, the therapist does not move with the child, but becomes fixated on one aspect of the process.

The analysis of the activity of the therapist begins with a general outline that emerged as the data were examined. When followed, this outline and its areas of focus helped to enhance the therapeutic process. Explanation and description of the outline is offered and examples of responses are provided below. Figures and tables that compare the activity of the three therapists are also included.

In the beginning of the outline, the counselor focuses on content. The counselor makes intended responses designed to communicate to the child that the therapist is attentive and genuinely interested in what he or she is doing. Responses comment on what the child chooses to do, not on making or suggesting choices for the child. These comments are made in the beginning of the experience to establish a rapport with the child. All three therapists were able to make these responses and showed no hesitation to do so. This is demonstrated in Figure 1.

The frequency of content-focused responses will always be substantial in their presence, but the percentage of those responses to the total should decrease as the next steps are taken. The data indicates that Donna did not

decrease this percentage as sufficiently as Marilyn and Gwen did. As discussed in the case description, she became involved in the content of Jennifer's play. Together with the narrative, these percentages provide an illustration of a therapist becoming fixated on one area of the process.

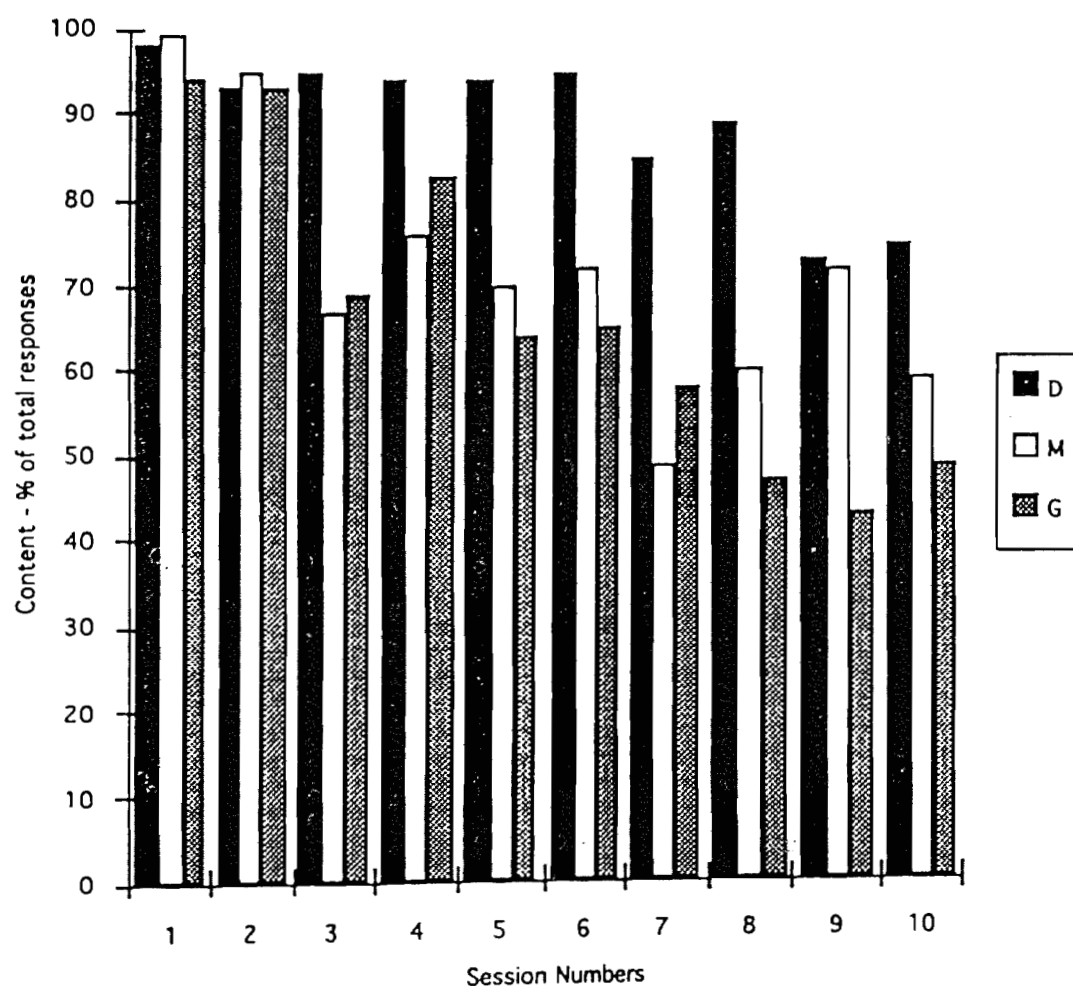


Figure 1. Content.

In the following examples, the types of responses that reflect content are shown.

D: You're going to play with a different color of play  
doh

M: That is coming in handy to store some of the things  
you like in the playroom

G: You like to blow them, then pop them

The next step is to focus on feelings. The play therapist must begin to provide for the child a vocabulary for feelings that are experienced, support for those feelings, and the knowledge that the therapist not only understands these feelings but also accepts them. This acceptance is communicated less by reflective words and more by how the reflection is delivered. Unlike reflections of content, this focus does not diminish. Rather, it combines with the next three steps to enhance their effectiveness.

The data in Figure 2 show that the three therapists varied in their mastery of this focus. Gwen had little problem in reflecting feelings on a consistent basis, while Marilyn and Donna had more trouble. Donna was hesitant to reflect feelings, but was on target when she did. Marilyn seemed to focus heavily on pleasant feelings which is why her totals are so high. When an unpleasant feeling was suggested by the child, Marilyn put a qualifier on it.

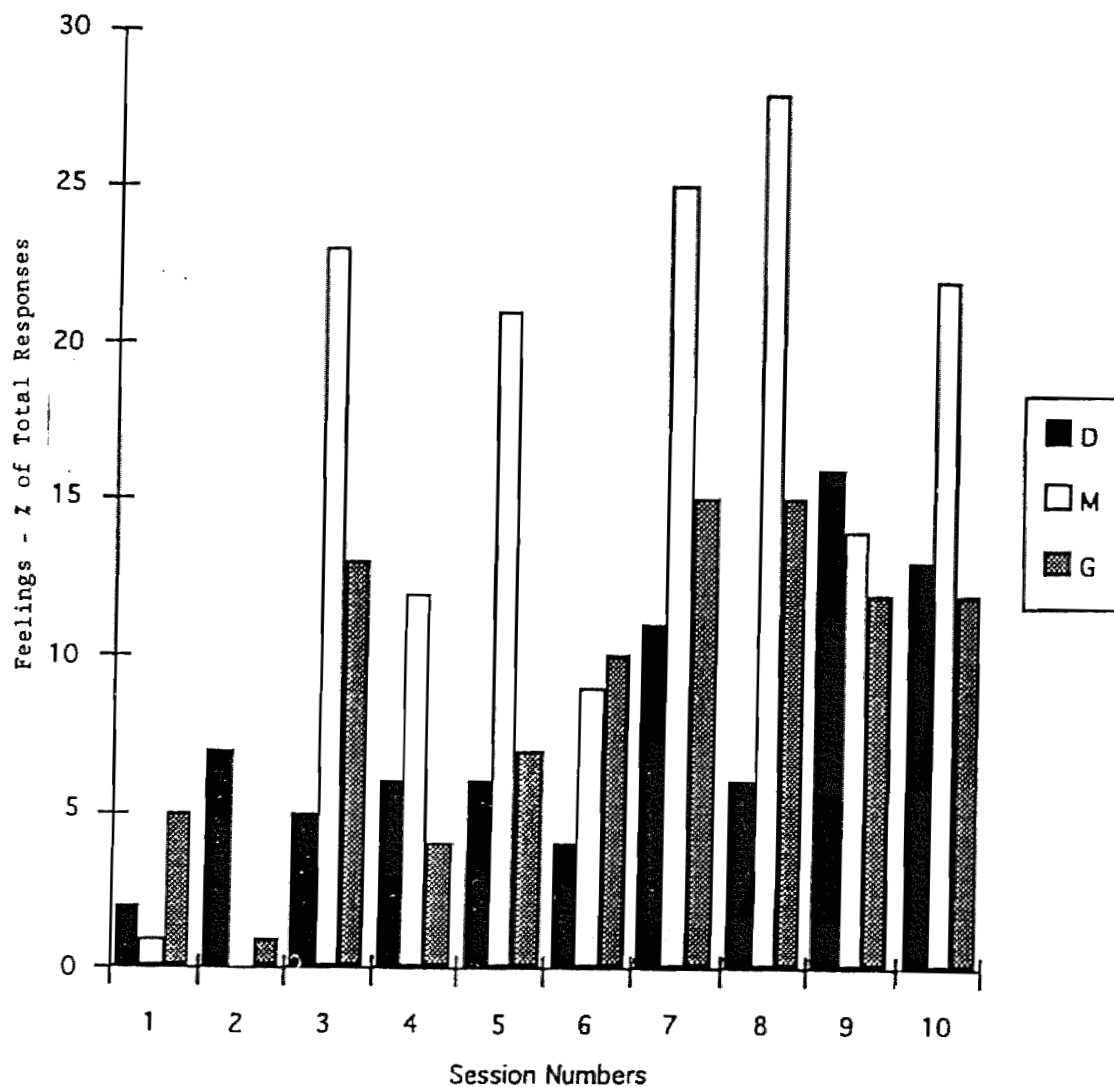


Figure 2. Feelings.

The following are examples of simple reflections of feeling. These were made in the early stages of the process in order to introduce the child to the world of feelings.

D: Looks like you're worried about the mess you made

M: You're happy the way that worked

G: That bunny did something to make you angry

Once the counselor has introduced reflections of feelings into the process, responses that focus on the relationship and those that reflect the underlying meaning of what the child is saying are made. Introduction of these responses seems to occur simultaneously. Relationship comments are responses that tie the therapist and child together in the playroom. Since the relationship is the key to successful outcome, it is important for the child to experience the relationship in the playroom as a positive one, no matter how the child may feel about the therapist at any given time.

Figure 3 indicates that this step seemed to cause some problems for Donna. She made few relationship comments during the 10-session experience, perhaps because she did not feel the emotional closeness with the child that is necessary to make such responses. Most of her attempts at this focus relate to the content of the play.

D: You want me to see you got it - right where you  
aimed it

D: You want me to see everything you do in the  
playroom

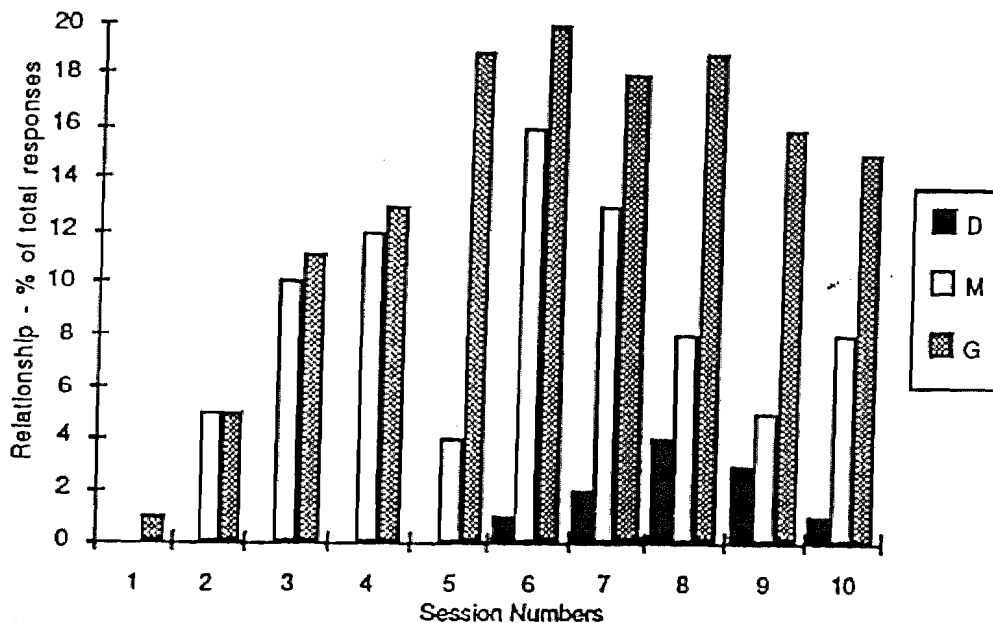


Figure 3. Relationship.

On the other hand, Marilyn appeared to use the relationship comments to help herself feel closer to Sean and then she was able to more freely reflect feelings.

M: You know about some things in the play room and you want to tell me about them

M: You kind of looked at me - wondering if that was okay to do

Kevin was so eager to have a relationship with Gwen that these kinds of responses came more naturally.

G: Sometimes you would like me to play with you

G: You ask me lots and lots of questions and you'd like it if I'd answer them for you

Responses that get to the underlying meaning are ones that help the child begin to gain insight. These comments help to put meaning to the child's behavior. The therapist must be very careful not to move too quickly with these types of responses. The therapist cannot make these responses before the child is ready. The play therapist must work with what the child offers and not make gross interpretations based on outside information or what the therapist might think is best for the child. As evidenced in the following examples, the content of these responses is kept to what is happening here and now in the playroom.

D: It was hard being so mad, so now you just want to drink some water

M: You make those noises so you don't have to talk to me

G: I really made you angry so you would like to leave this play room right now

This was another area upon which all of the therapists in the study were able to focus; this is illustrated in Figure 4. However, it is apparent that Donna had some trouble in getting started with it.



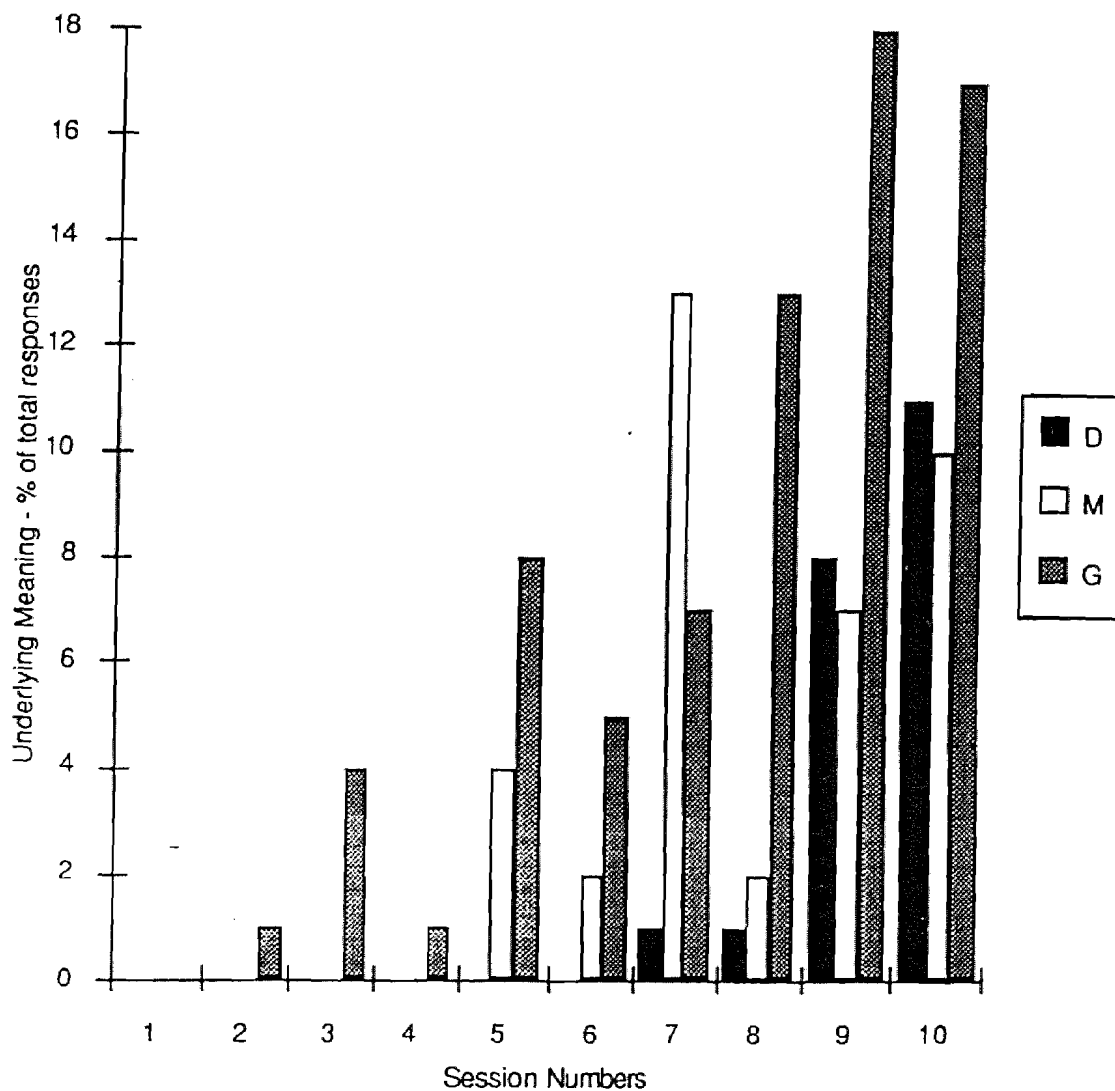


Figure 4. Underlying meanings.

The last focus is on generalization. This step includes helping the child see the ways in which the knowledge gained within the play therapy relationship transfers to his or her life outside the play room. At

first these statements are general and then become more specific to the child's situation. This enables the child to integrate the benefits of the play therapy experience.

In looking at Figure 5, it becomes clear that the therapists had various degrees of success with this step. Gwen had quickly and effectively progressed through all of the previous steps, and mastery of this final focus was attained as well. Marilyn had a bit more difficulty, perhaps related to the earlier hesitancy she experienced in moving to an emotional level with Sean. Marilyn was able to make some statements that began to help Sean integrate what he had learned, but time ran out before these statements could be more specific. Donna was not able to achieve this step. Because Jennifer seemed fragile to Donna, it was almost like she was afraid of hurting her feelings. She was able to make some comments concerning underlying meaning that approached generalizations. However, Donna was not able to address any issues directly related to Jennifer even though these issues were hinted at in the sessions.

Most of these counselor responses are made toward the end of the experience. This step cannot be rushed. The therapist needs to have a substantial amount of information before these types of responses can be made. Further, the comment should be in direct relationship to something the child has said or done.

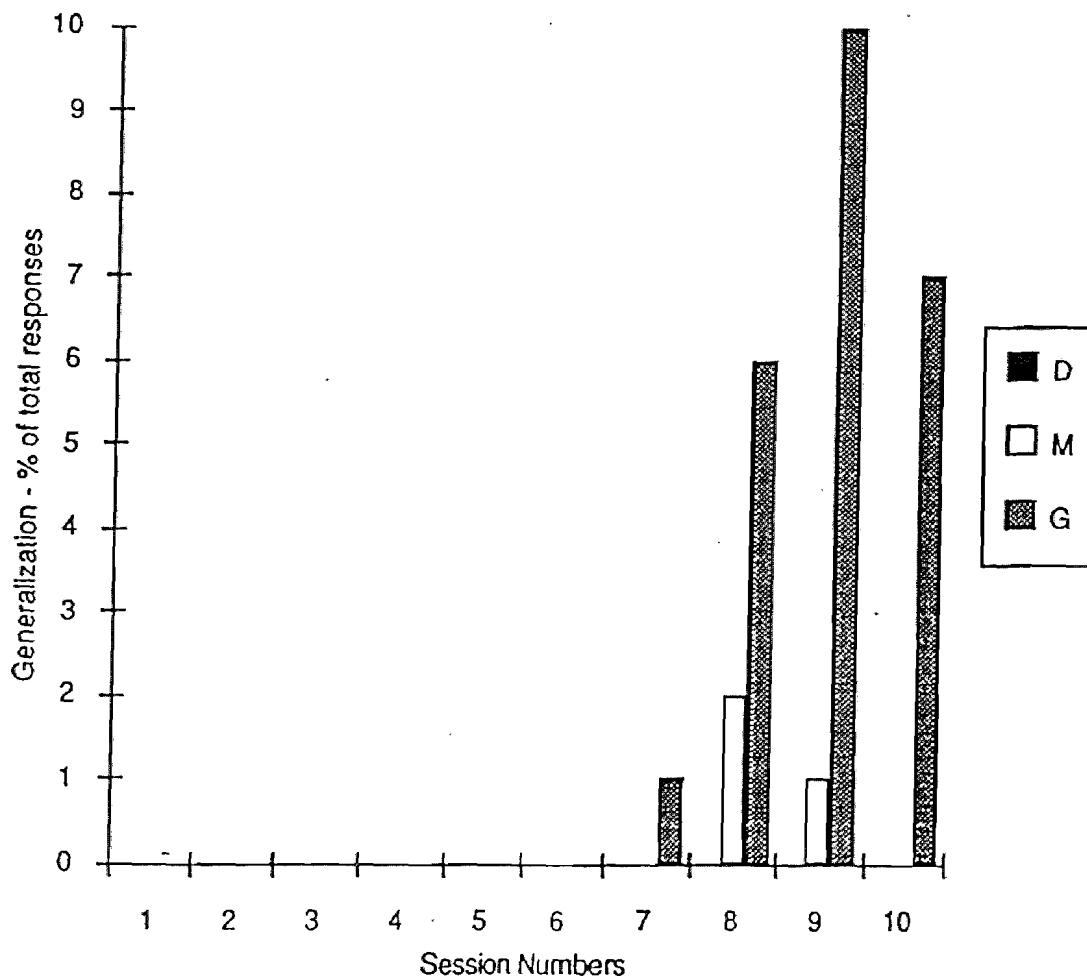


Figure 5. Generalization.

The following are examples of generalizations.

G: You get mad at me for talking about things  
sometimes. It's really hard to think about things,  
to think about people that make you mad and those  
that should take care of you and don't

M: You want to fire at me for not handing that to you;  
sometimes you get really angry when people don't do  
what you want them to do

G: Sometimes it's hard when your dad makes you angry.  
You wonder if it's okay to be mad at both your mom  
and your dad. That must be kind of scary

Table 1 gives an overview of each of the three therapist's  
activity. By looking at these percentage charts, one can  
see not only the progression through the five steps, but  
also where the individual therapists got stuck.

The analysis of the activity of the therapist includes  
not only the utilization of the outline provided above, but  
also the use of the core conditions and an awareness of the  
mutual influence between therapist and client. These two  
aspects will be examined in questions #2 and #3.

Table 1

Focus: Donna, Marilyn, and Gwen

	Session Number										
	1	2	3	4	5	6	7	8	9	10	11
Donna											
Content	98	93	95	94	94	95	85	89	73	75	
Feelings	2	7	5	6	6	4	11	6	16	13	
Relationship					1	1	4	3	1		
Underlying meaning						1	1	8	11		
Generalization											
Marilyn											
Content	99	95	67	76	70	72	49	60	72	59	
Feelings	1		23	12	21	9	25	28	14	22	
Relationship	5	10	12	4	16	13	8	5	8		
Underlying meaning				4	2	13	2	7	10		
Generalization							2	1			
Gwen											
Content	94	93	69	83	64	65	58	47	43	49	51
Feelings	5	1	13	4	7	10	15	15	12	12	12
Relationship	1	5	11	13	19	20	18	19	16	15	6
Underlying meaning		1	4	1	9	5	7	13	18	17	22
Generalization							1	6	10	7	8

Note: Numbers within the cells indicate the percentages for which those types of response were made in the session.

### Research Question #2

How do the core conditions manifest themselves in a play therapy relationship?

As reported in the literature (Rogers, 1957; Truax 1961, 1962), the core conditions of accurate empathy, congruence, and unconditional positive regard must exist for the therapeutic relationship to develop. When the therapist is not in tune with how the client feels, hesitant in responding to the child, or in judgment of the child's behavior, the development of the relationship is halted.

Because most of the literature on the core conditions discusses therapy with adults, it is important to understand how the core conditions are presented with children in the play therapy setting.

The following sections contain: (a) specific examples from the cases that illustrate the various stages of empathy, congruence, and unconditional positive regard; (Appendices D, E, and F hold the scales for the three conditions in their entirety. They have been abbreviated here for the purpose of discussion.), (b) tables that compare the use of the core conditions among the three therapists.

### Empathy

1. Completely unaware of even the most conspicuous feeling; inappropriate responses; no accuracy whatsoever; bored; disinterested.

The following examples illustrate the therapist's active avoidance of feelings.

D: (after Jennifer tells a story of some of the things she used to do with her dad) Do you miss your dad?

M: (after Sean says "where is my mom") I'm sure she's here in the building.

G: (after Kevin yells at her and then walks across room and puts his back to her) You found a good place to put all that stuff.

2. Negligible accuracy, only toward the most obvious; ignores those not so clearly defined; misunderstands what the client is trying to communicate; may misdirect client.

All of the following statements are reflections of feelings about content. The therapists make these comments when they notice the child is feeling something in reaction to what he or she is doing. It is evident that these reflections are directed toward the most obvious.

D: You like to paint.

M: Working on that seems to make you happy.

G: You have fun putting glue on the table.

3. Often responds accurately to more exposed feelings; senses, but does not understand the meaning to this particular client.

These examples are ones that begin to get to a feeling level with the child. The therapists at this point, however, did not understand the meaning of these feelings to the individual children.

D: You remember a lot of things about the playroom.  
(Donna did not know at that point how important consistency was to Jennifer.)

M: You seem kind of quiet. (Marilyn did not yet know that Sean was uncomfortable about sharing in the playroom.)

G: You like giving me shots and putting the band aid on. (It was not yet known that Kevin was ambivalent about his feelings toward Gwen.)

4. Usually responds accurately to most obvious; occasionally recognizes some less apparent; may anticipate some which are not current, but not entirely with the client in the moment. Desire high, accuracy low; diagnostically accurate, but not empathically accurate in sensitivity.

D: You don't like it when it doesn't work out the way you want. (The desire here is high, but it is evident that accuracy is low because no feeling words are used.)



M: You're kind of angry that I didn't help you with that. (The "kind of" takes away from the empathic nature of the statement; sensitivity is not shown.)

G: You'd like to scare me. (In this response, Gwen is not entirely with Kevin. She states what she senses he would like to do, but not how he feels.)

5. Responds accurately to all obvious feelings; awareness of many that are not so evident; when therapist doesn't know, can communicate the lack of understanding

D: You don't care which way you pound it; you just want to hit it, you're so mad. (This response addresses a visibly evident feeling.)

M: Oh, you're not. I guess I misunderstood you earlier. (Marilyn has no problem admitting she might have been wrong when she mentioned that Sean was upset.)

G: When you get angry with me, I think you'd like to hit me, so the bunny hits me instead. (Gwen is beginning to move into emotions that are not so obvious.)

6. Recognizes most present feelings, even underlying; sometimes misjudges intensity of veiled feelings; responses don't always suit the mood of the client; can sense, but maybe not communicate meaning with client; does not

encourage exploration; the communication is the finished product.

The comments that follow demonstrate the therapist's ability to get to the underlying feeling, but only the communication of it. No exploration is encouraged.

M: You're afraid I won't like you.

G: It's hard to be that mad; it makes you sad inside, so you quit playing.

7. Accurately responds to most present feelings; awareness of precise intensity of underlying ones; responses move only slightly beyond client's own awareness; therapist moves on own to deeper level and communicates this to the client.

Gwen is beginning to move Kevin slightly beyond his awareness. She puts meaning to his actions in the playroom. In these examples, she helps Kevin understand how he would rather avoid his unpleasant feelings.

G: Sometimes when you get really mad, you like to hide places so people can't see you.

G: Sometimes when you play a game it gets real fun, then you don't have to think about all those people you're mad at.

8. Accurately interprets all client's present feelings; uncovers deeper feelings, giving meaning to those of which the client is unaware; moves into areas only hinted

at by the client with accuracy; not only are these emotions pointed to, but discussed; therapist makes mistakes but knows it; togetherness with client; voice tone matches.

G: That makes you really sad; you want these people to take care of you and do stuff for you and they don't. (Gwen is matching the voice tone of Kevin with this response. Further, she is encouraging discussion of an emotion of which Kevin was previously unaware)

G: When things got really, really sad, it made your tummy hurt. It was really hard, and you don't want to be that way all the time. You just want to have fun. (In this response, Gwen is putting meaning to the experience for Kevin. She shows that she understands how he has felt and accepts his reactions to those feelings.)

G: It's scary being that mad at your stepfather; you don't know what will happen to you if you're mad at him. Oh, you are really mad. (By making this response, Gwen moves into an area that Kevin has only hinted at, but with accuracy and intensity.)

9. Unerringly responds to client's full range of feelings, no hesitation, recognizes and communicates accurate understanding, reflects in word and voice, expands

client's hint to exploration, precision in understanding and the communication of it.

These next comments illustrate that Gwen was responding to Kevin's full range of emotions. She did not hesitate to give voice to what she thought that Kevin was feeling. She understood how Kevin felt and communicated it. That is the definition of accurate empathy.

G: (as he is wrapping the tape around the two of them)  
You're going to tape us together. It'd be really neat if we could stay close all the time. It's pretty scary to think about when I won't be here any more. Sometimes you think adults will stay close all the time and they haven't. (This comment not only reflects his feeling in the moment, but also helps him integrate that with his life outside the playroom.)

G: Sometimes you are funny. You like to make people laugh. Sometimes I can tell when you're trying to make me laugh that you are really sad. (This comment is made without hesitation, even though it is confrontive.)

Figure 6 illustrates the achievement of accurate empathy from the three therapists in the study. This graphic display confirms much of what has been said up to

this point not only in the case descriptions, but also through the discussion of research question #1.

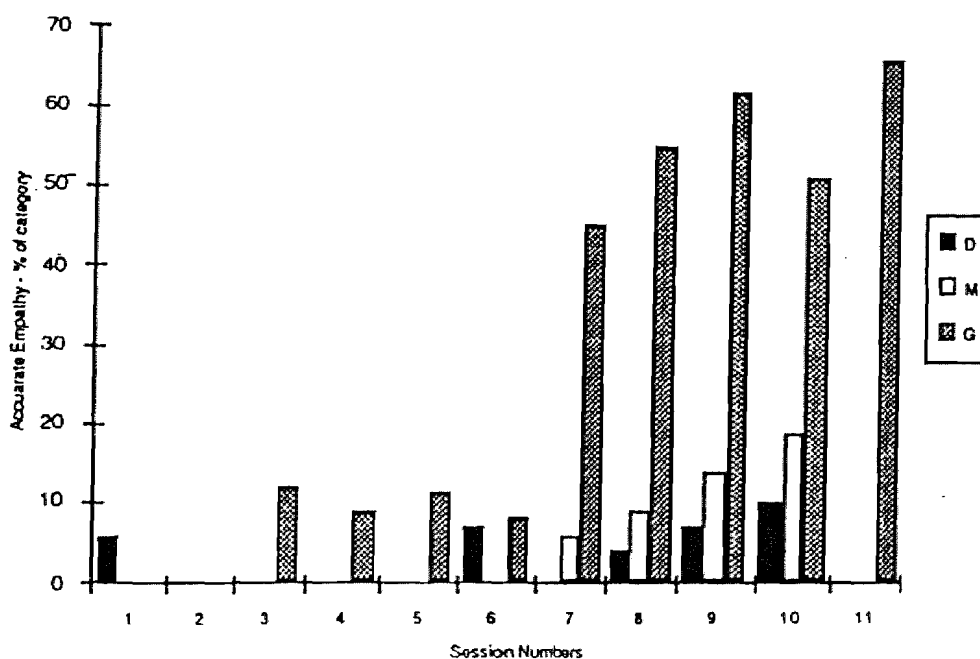


Figure 6. Accurate empathy.

It gives further evidence that Donna was reluctant to move to a more intense emotional level with Jennifer, that Marilyn, after receiving strong supervision to do so, began to develop an emotional alliance with Sean, and that Gwen, after a slow start, was able to establish and maintain the empathic understanding needed to create therapeutic change.

#### Congruence

1. What the counselor says clearly contradicts his or her feelings.

M: (After Sean says "one more minute?") Mm-hmm, one more minute. (She stands and he says "is it time to leave now?") Mm-hmm. (He says "I just have to tape one more thing" and she goes back to the chair and sits down.)

2. The therapist is hedging or delaying.

In these responses, the therapist is avoiding the response that needs to be made. Both Marilyn and Gwen are simply repeating what the child has said. It seems they are stalling to determine a way to respond without answering the child directly.

M: (After he asks if the markers are washable.)  
You're wondering if those are washable.

G: (After Kevin says "what is this called?") What would you like it to be called?

3. The counselor reflects spontaneously; in a neutral fashion.

These responses are made spontaneously. They indicate neither congruence nor incongruence.

D: It's time to go.

M: I notice you are nodding your head yes.

G: I'm not sure it does open.

4. There is no attempt to fool the client.

The responses that follow demonstrate the therapist telling the client the truth with no hesitation. The

message is given that the child is valued and worthy of respect.

M: I'm going to visit with your mom, and talk to her about what I see you doing in the room, but I'm not going to tell her anything that you don't want me to.

G: It'd be fun to put it on the wall, but the wall is not for the glue. Paper is for the glue.

G: You really wish I could give you a shot, but the toys are for you.

5. The therapist openly, freely says what he or she feels.

The examples that follow indicate that Gwen is freely stating what she feels, even though it may be hard for Kevin to hear.

G: Sometimes when you ask questions, you already know the answer.

G: Moms are supposed to take care of their kids. Sometimes Mom doesn't take very good care of you.

G: Before you taped us together, now you are just taping yourself. I think you know this is our last time in the playroom.

Figure 7 helps one to understand some of the reasons that Donna and Marilyn had more difficulty in establishing a therapeutic relationship with their clients. Congruence

means to have one's words match the his or her feelings. An essential part of congruence, however, is to have confidence in what one feels. It seems that neither Donna nor Marilyn was confident in her instincts; neither was able to trust her sense about the relationship. Gwen, on the other hand, seemed to be more self-assured, and therefore found it easier to take the risks needed to establish a therapeutic relationship.

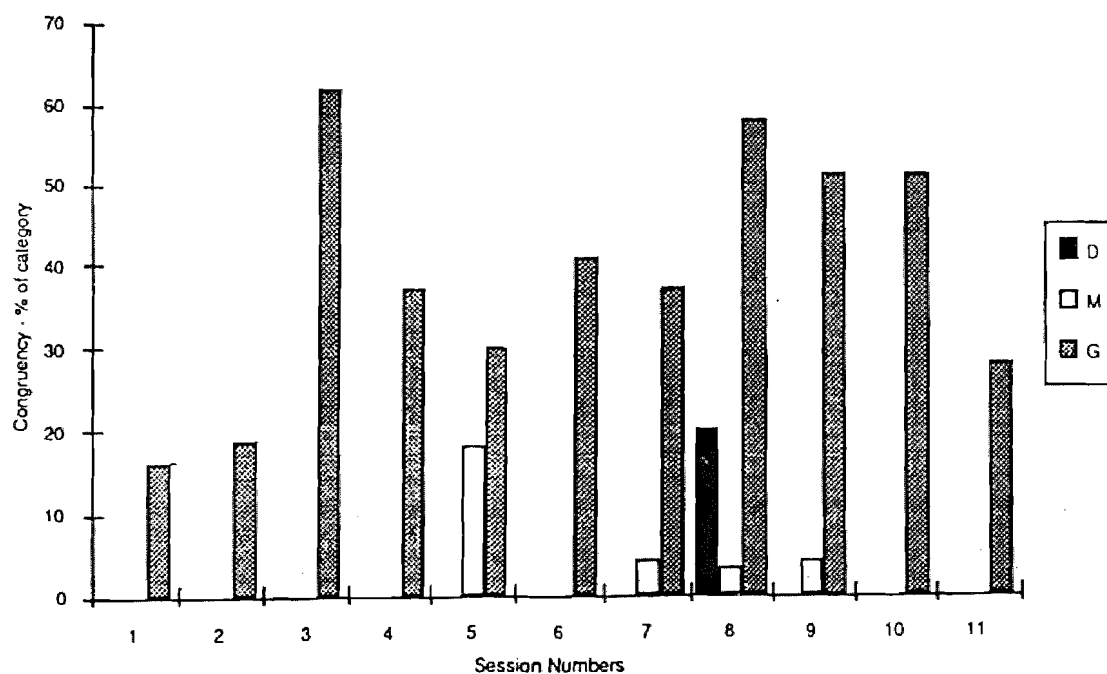


Figure 7. Congruency.



Unconditional Positive Regard

1. Offering of advice; negative regard; disapproval (or approval).

D: You don't want to make a mistake. (Donna's intent here was to reflect what she understood from Jennifer's actions. However, her tone of voice implied that she would disapprove if Jennifer did make a mistake.)

M: You'll need to give them a try. (Marilyn is avoiding the issue of Sean's asking for help. In ignoring him, she is offering negative regard.)

M: Remember, I told you I'd tell you when there was five minutes left. (By using the word "remember," Marilyn is showing negative regard. She is implying that Sean needs to remember everything she says.)

2. Respond mechanically; ignore feelings; lack of concern; passivity.

The comments below are reflections of content or paraphrases. These responses are mechanical ones that do not attend to feelings but pay attention to what was just said or what just happened.

D: You're going to paint.

M: You don't want to follow the rule.

G: You made a door and now you have to get away from it.

3. Semi-possessive caring: what the client does, matters; responsible for the client.

The content of this stage seems to overlap with the notion that discourages the expression of approval outlined in Stage 1. When the therapist puts importance on what the child does, it comes across as approval. This is illustrated in the following examples.

D: You're being very careful to pick all the play doh off the table.

G: You know that's a new hammer.

G: I knew you could.

4. Deep interest and concern; nonevaluative; some conditionality, but judgments for the most part are absent; conditionality in that the behavior is separate from the person, but the client should improve, not regress.

D: You didn't make it, so you're going to keep trying.  
(There is no rejection due to the miss; yet the message is implied that to keep trying is a good thing.)

M: All the toys in the room can be what you want them to be in here. This is a special place. (Marilyn gives no evaluation to the names that Sean chooses for things.)

G: You decide. It can be any school you would like it to be. (No judgment is made, but the suggestion is given that Kevin should make his own decisions and stop asking so many questions)

5. No restriction in regard; deep respect; client is free to be self; prize the potentialities; no demands.

D: And what happens in here is between you and me.  
(This shows deep respect for Jennifer.)

G: You'll be able to work things through by yourself.  
(This comment illustrates Gwen prizing Kevin's potentialities.)

G: You learned you could have any feeling in here; you could feel any way you wanted and nothing would happen. (Gwen is explaining to Kevin that there are no demands on him to feel a certain way.)

Figure 8 compares the three therapists on the condition of unconditional positive regard. Although it appears that Gwen utilized a greater percentage of statements that showed high regard, all three play therapists demonstrated the importance of using increased unconditional positive regard at the beginning of the experience when building a rapport with the child, and at the end, when helping the child to integrate what he or she has learned.

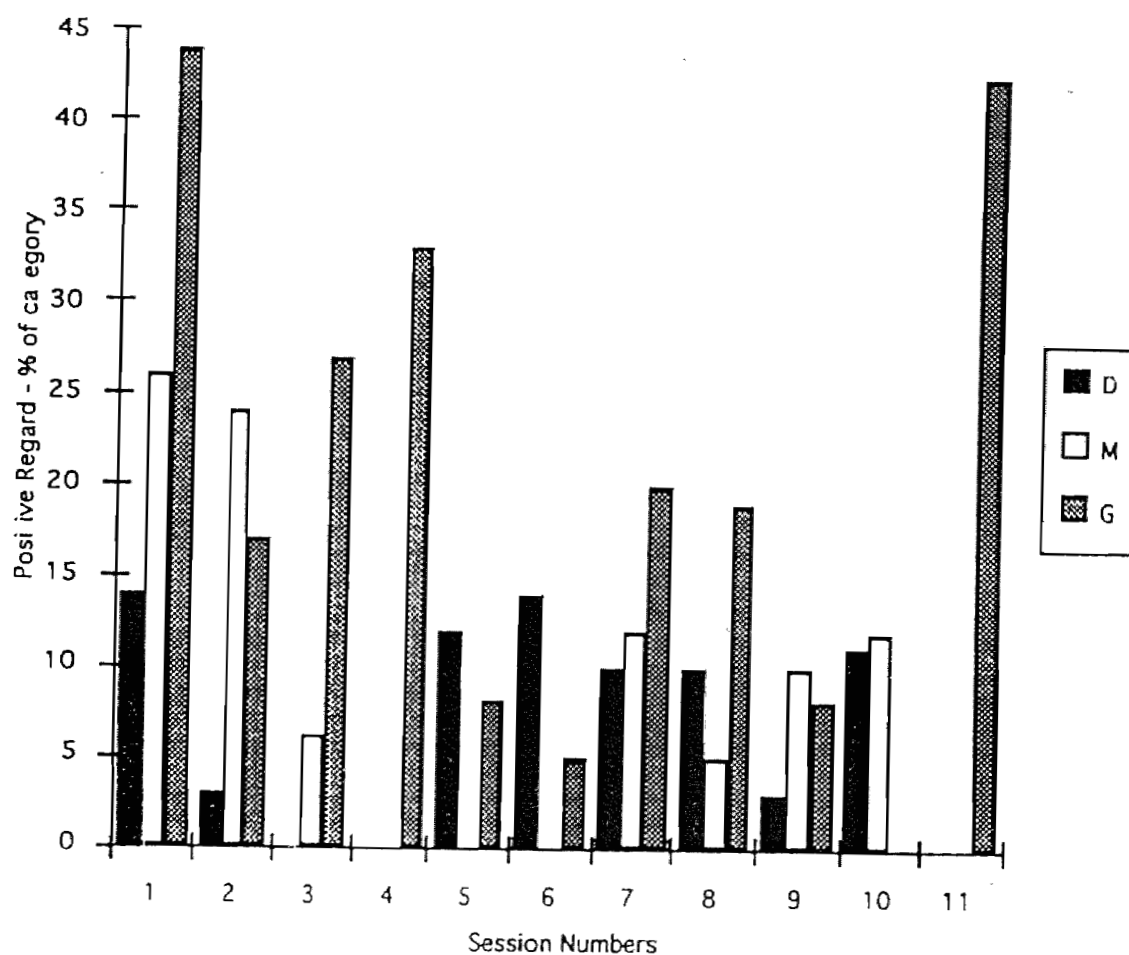


Figure 8. Positive regard.

Tables 2, 3, and 4 demonstrate the use of each of the stages of the core conditions by the individual therapists in this study.





Table 4

Gwen: Core Condition

Core	Stage	Session Number										
		1	2	3	4	5	6	7	8	9	10	11
Empathy	1				1		1					
	2	6	9	3	9	4	2	2	1		4	1
	3	15	8	13	10	10	17	11	6	10	13	3
	4		2	12	9	13	12	9	11	9	6	8
	5			4	3	3	2	8	8	4	3	9
	6							6	7	15	13	5
	7							4	7	8	6	5
	8									2	1	1
	9										1	1
Congruence	1											
	2	2		1	1			1	2		1	1
	3	23	31	12	20	28	22	17	16	17	17	27
	4	5	7	22	12	14	15	12	26	17	18	7
	5									1		4
Unconditional positive regard	1											
	2	27	35	23	22	19	20	22	12	16	16	14
	3			1	3	3	6	1	1		2	2
	4	22	6	7	12	2	2	5	3	1		4
	5			2				1				10

Note: Numbers within cells indicate the percentage of the total responses made for each session.

### Research Question #3

How do the therapist and  
and behaviors of each ot

An often neglected, but  
therapist activity level in p  
the child. Research has expl  
influence of therapist activi  
explored the added dimension  
behavior on the therapist. C  
influence each other, which i  
unilateral influence suggeste  
play therapist must have an a  
influence on him or her. Fur  
to actively address it. This  
it is a valuable part of the

Following are some examp  
between the therapist and chi  
descriptions.

In session 3, Donna stat  
because Jennifer disagreed wi  
excerpts illustrate the disag

1. D: You remember wha  
been here

J: Yup, I always re

D: It's important t



J: No, I just remember  
the things and  
last time; I j  
times.

2. D: You think that  
with?

J: No, because I'

3. D: You'd like to

J: No, maybe to k

This was the total num  
session. There were 51 agr  
perception, however, was th  
with her. Because of this,  
hesitant to reflect feeling  
was 95%, and only 5% was or

The next example revea  
Jennifer had on each other.  
Jennifer had been very exci  
creating and getting quite  
making.

This excerpt begins w  
Jennifer's behavior.

D: Jennifer, I know  
picture, it was a  
for mixing with tl

J: Okay. (Her excitement  
have to get this  
very much here.  
of rationalizing  
all the paints and

D: Looks like you are  
since I said the  
sand

J: (shrugs shoulder  
always put sand on  
ummm - I might do  
seems to be trying  
thought it was of  
if it would be of

D: You used to have  
With this last comment  
upset Jennifer is and takes  
not address Jennifer's un-  
up on this and moves not  
but, she also moves away  
near the paints for the next

During Session 7, Ma  
feel when addressed with  
positive regard.

S: Where should I sit

M: Remember, in here you

S: (in a snotty voice) I

This illustrates that Sea  
that he needed to remember eve  
The incident makes the point t  
not only by what the therapist  
it.

In the next session, Mari  
other.

S: Do you like my new sh

M: You're wondering if I  
stalling. She doesn'

S: (holds it up) Do you

M: You're kind of angry

S: DO YOU!?! (he flips

M: That seemed really in  
you.

S: (tries again) How do

M: You want me to tell y

S: (he's yelling) DO YC

M: You're very angry at

S: (He snaps the shirt a

M: (She is so flustered

In here, you can play

S: (He puts his hands o

M: You don't want to hear what I'm saying.

S: (He's singing.) I'm not listening.

In this segment, Marilyn has made Sean terribly angry, and his anger really upset Marilyn. The behaviors of both therapist and child were based on the effect of the other person's words and behaviors.

The following is an example that involved the setting of limits. In supervision, Gwen stated that she felt the setting of limits would shut Kevin down and he would be inhibited in the expression of his feelings. This segment demonstrates how the preconceived notions of the child's reactions can influence the therapist and, in turn, influence the child.

R: Do that hurt?

G: That one hurt.

R: Okay.

G: You like giving me shots so it will hurt. (She is so hesitant in setting the limit and in being accepting she is nearly reinforcing this unacceptable behavior.)

Later, he takes out a bigger hammer and continues to "test her reflexes."

G: You know it's okay to hit me with the small hammer, but I don't want you to do things that hurt me.

(This is a conditional limit stating "you can hurt

me a little, but not  
Kevin.) You're real  
able to give you a s  
You know it's okay to  
hammer.

This is another condition  
or appropriate alternatives for  
She wants to give him the chance  
anger, but without clear limits  
Kevin's anger becomes so difficult  
becomes almost frantic and tr

In their sessions, Kevin  
broke many limits. This segment  
of Gwen's limit setting and h  
out his feelings.

Kevin sighs as Gwen picks  
has been set three times. Kevin  
he is upset about the play doh  
ambivalence. He tries to be  
the play doh and helping her  
can," but then he shows his  
of the play doh that is on the

There are numerous other  
that show things like lack of  
the part of the therapist or

segments provided give a small bit of insight into how the therapist and the child mutually influence one another.

### Summary

This chapter investigated the following areas: the ways in which the development of the therapeutic relationship in the play therapy setting is enhanced; how the core conditions manifest in a play therapy relationship; and the mutual influence the therapist and the child have on one another. The next chapter will discuss the significance of the findings, the impact on the field of play therapy, and the recommendations for further research.

## Chapter 5

### DISCUSSION OF THE FINDINGS

This study has investigated the process of play therapy. The theoretical basis for the study is found in conceptions of the therapeutic relationship and the process of play therapy. Extended literature research areas include the play therapy setting, the counselor, and the child. The work of three play therapists was studied through observation of and reflection upon their play therapy experiences, supervision sessions, and interviews.

The primary purpose of the study was to provide understanding into the nature of the relationship that develops between the client and the counselor in the play therapy setting. Detailed descriptions of each of the three cases were offered. Understanding of the play therapy relationship was explored through three research questions:

1. How is the development of the therapeutic relationship between the counselor and the child in the play therapy setting enhanced?
2. How do the core conditions manifest themselves in a play therapy relationship?
3. How do the therapist and the child influence the feelings and behaviors of each other?

In this chapter, propositions will be presented and discussed, the implications of the study will be considered, and suggestions for further research will be made.

### Propositions

Based on the analysis of the three cases and the examination of the patterns that emerged, the researcher has made the following propositions:

1. The activity of the therapist has a profound effect on the development of the therapeutic relationship in the play therapy setting. This study defines activity in terms of the types of responses that must be made, therapeutic conditions that must exist, and the awareness the therapist must have of the mutual influence between the therapist and the child.

This proposition is consistent with presentations made in the literature by Landreth (1991), Myrick and Haldin (1971), and Moustakas and Schalock (1955). Theorists may differ on the use of directive and non-directive techniques, but most theorists support the notion that the therapist must be active.

2. Although the concept of activity is well supported in the literature, not many theories indicate how one puts that into practice. This study proposes an outline of counselor responses that, when followed, helps to enhance



the therapeutic nature of focus within the outline, content, feelings, relational generalization.

The outline offered by the role of the therapist (1991) that occurs through (a) create a safe and protected, accepted and supported (to and accepting of the conditions described in this study); support of the child and identical to this study's and tentative interpretation give words and meaning to (this mirrors this study's meaning); (d) the working (this is similar to the research this study); and (e) assist acceptable ways of relating this study's focus on generalization.

The individual aspect supported throughout the the counselor needs to show (1969), Landreth (1993),

many theorists who see this  
theorists (Hoffman, 1991; L  
avow the therapeutic effect  
children to make their own

The next stage describ  
feelings. This is seen as  
many practitioners (Axline,  
Allan, 1991; Moustakas, 195

The focus on the relat  
outline offered by this stu  
to be the single most impor  
outcome in play therapy (Ax  
Landreth, 1993; Moustakas,

Focus on the underlyin  
supported in the play thera  
Dimick & Huff, 1970; Mills  
O'Connor, 1991; Waterland,  
these theorists that this s  
with children.

Finally, the use of ge  
integrate what he or she ha  
upheld by Myrick and Haldir  
Mills and Allan (1991).

After examining the use of the outline by the therapists in this study, the following sub-propositions became evident:

1. The further the therapist proceeded within the outline, the more therapeutic the experience became. This movement enhanced the development of the relationship.
2. Inactivity of the therapist, or fixation on one area of focus detracted from the development of the relationship.

Although based on theory, the difference between this study and other literature is in the practical nature of the outline. The areas of focus are defined and the rationale for each is supplied. Contextual examples are given, and a chronological order is suggested.

3. The core conditions of empathy, congruence, and unconditional positive regard must exist in the play therapy relationship as in any therapeutic relationship.

This notion is consistent with the literature (Axline, 1969; Ginott, 1961; Hendricks, 1971; Landreth, 1991; Moustakas, 1955a, 1955b; Schaefer, 1993). However, the researcher submits the following two related propositions in regard to the core conditions in play therapy.

- 3-a. The presentation of these conditions is different in a counseling setting with children than it is with adults.

All literature pertaining to the core conditions (Kiesler et al., 1967; Rogers, 1957; Truax, 1961, 1962) discusses their use with adults. When theorists and researchers have tried to discuss the use of the core conditions in child therapy (Guerney, 1965; Siegel, 1972; Stover et al., 1967), their research projects have met with little success. This researcher contends that this is because the scales to define the core conditions must first be rewritten in terms that are applicable to counseling the child.

- 3-b. There is a necessary sequence for the communication of the three conditions which is described below.

It appears that unconditional positive regard needs to be emphasized at the beginning of the experience when the rapport is being built and the child is learning that he or she will make the choices in the playroom. This condition will again be prominent at the end when the therapist is supporting the child for his or her accomplishments in the playroom. Empathic understanding appears to be an essential component of the working stages of the play therapy experience. Congruence, while necessary throughout, seems

to be especially important when the therapist is helping the child to integrate what has been learned in the playroom.

The benefits of this study in regard to the use of the core conditions are again of a practical nature. Examples of each of the stages of empathy, congruence, and unconditional positive regard are given from play therapy sessions. Visual illustrations of the sequential use of the conditions in the play therapy setting are provided. Finally, the correlation of the core conditions to the areas of focus is analyzed for further understanding of the process of play therapy and the development of the therapeutic relationship within that setting.

4. The awareness of the mutual influence between the child and therapist aids in moving through the process.

This notion is an overlooked area of the research on process in play therapy. Carmichael (1993) conducted the first study in this area in almost 40 years. Her research sought to graphically illustrate the relationship between the therapist and the child in the play therapy setting. Theorists (Moustakas et al., 1955, 1956) have examined the area in terms of categories and responses. In the research area of the mutual influence the therapist and the child have on one another, it is time to move away from categories and percentages and into actual examples and dialogue. This

study attempts to do that; ex  
sessions are offered for disc

#### Implication

This study has important  
Counselor Education programs  
integral part. First, when s  
is important for students to  
literature and the scales use  
congruence, and unconditional  
entirely applicable to therap  
these scales devised for use  
using hospitalized schizophre  
necessary for trainees to be  
manifest themselves in a play  
functioning in the normal ran  
to know that an accepting en  
but also what goes into crea

Second, the actual prac  
therapy session is where the  
takes place. Videotaping ca  
students to see where they n  
trainees were to transcribe  
videotape and chart their re  
in this study, blocks to the

emerge. Coding also would allow the students to see the general themes the children were presenting. Finally, when the interactions are analyzed, the mutual influence that the therapist and the child have upon one another becomes more evident.

#### Recommendations for Further Research

Further research is suggested to expand upon the findings of this study.

1. Utilize multiple evaluators when coding transcripts of play therapy sessions to achieve reliable results and to reach consensus on the definitions of empathy, congruence, and unconditional positive regard in the play therapy setting.

2. Scales need to be developed that would delineate the stages of empathy, congruence, and unconditional positive regard for therapy with children in the play therapy setting to aid play therapy trainees in the understanding of the process.

3. The outline developed in this study must be field tested to determine its usefulness in play therapy training programs.

4. Conduct intensive investigations into the mutual influence of the therapist and the child to allow for a

deeper understanding of the  
play therapy setting.

5. Two groups of play  
compared: one group that c  
to the outline proposed in  
to see if there is any diff  
the play therapy process an



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## APPENDIX A

## Counselor's Informed Consent

## Informed Consent

Counselor's Name

I hereby give consent for Kimary Darr to perform the following procedures:

1. Videotape my counseling sessions
2. Keep and analyze these sessions
3. Audiotape supervision sessions

I understand the videotapes are to be kept for research purposes only and that complete confidentiality is ensured. I further understand that I may withdraw from the study at any time without penalty. Therefore I voluntarily consent to the procedures outlined above.

Signed:

Witness:

Date:



## APPENDIX B

## Letter of Explanation

Dear Parent,

My name is Kimary Darr and I am a doctoral student at Drake University. I am interested in studying the play therapy relationship between the counselor and client.

As you know, the counselor assigned to your child will be graduate students. However, the session are not only observed also videotaped. Therefore, the counselors-in-training will be closely supervised. This procedure is to ensure the best possible therapy experience for your child.

This study, which has the approval of the Counselor Education Department, asks that the tapes that are recorded during your child's play therapy experience be kept for analysis. No child's real name will be used. You can be sure of complete confidentiality.

If you wish to withdraw from the study, you may do so at any time without interfering in your child's therapy. Further, if necessary, referrals to other therapists can be made available.

Thank you very much for participating in this study. If you have any questions or concerns please contact me at 515-271-2390.

Sincerely,

Kimary Darr, Ed. S.

Parent's

Child's Name

I hereby give consent for  
following procedures:\_\_\_\_\_

1. Videotape my child i  
present.
2. View and analyze the

I understand the tapes ar  
only and that complete co  
further understand I may  
without interfering in my  
Therefore I voluntarily c  
above.

Witness:

Date:

AF

A Scale for the Measure  
(Training)

Stage 1

Therapist seems completely  
conspicuous of the client's  
appropriate to the mood and  
statements and there is no  
hence no accuracy whatsoever  
and disinterested or active  
communicating an awareness

Stage 2

Therapist shows a degree  
negligible in his responses  
client's most obvious feelings  
so clearly defined, he tends  
be correctly sensitive to  
misunderstand much of what  
his response he may block  
Stage 2 is distinguishable  
therapist ignores feelings  
inability to understand feelings

Stage 3

Therapist often responds accurately to client's more exposed feelings. He also displays concern for the deeper, more hidden feelings, which he seems to sense must be present, though he does not understand their nature. The therapist seems to assume the presence of deep feelings, although he does not sense their meaning to this particular patient.

Stage 4

Therapist usually responds accurately to the client's more obvious feelings and occasionally recognizes some that are less apparent. In the process of this tentative probing, however, he may anticipate feelings which are not current to the client, as well as misinterpreting some present feelings. Sensitivity and awareness of the therapist are present but he is not entirely "with" the patient in the current situation of experience. The desire and effort to understand are both present but the accuracy is low. It is distinguishable from stage 2 in that the therapist does occasionally recognize feelings that are less apparent. Also the therapist may seem to have a theory about the patient and may even know how or why the patient feels a particular way, but the therapist is definitely not "with" the patient -- they are not together. In short, the therapist may be diagnostically accurate, but not

empathically accurate in  
feeling state of the pa

#### Stage 5

Therapist accurate  
more readily discernible  
many feelings and exper  
but in these he tends to  
understanding. The the  
that are not so evident  
completely this lack of  
communicated without an  
misunderstandings are n  
nature. Sometimes in s  
communicates his awaren  
another person's inner  
the continuum of accura

#### Stage 6

Therapist recognizes  
feelings, including the  
Sometimes, however, he  
those veiled feelings,  
are not always accurate  
client. In content, he  
recognition includes th

therapist deals with  
patient. He deals  
currently experience  
intensity of less a  
while sensing the f  
meaning to these fe  
an almost static qu  
that the therapist  
offers but does not  
the client but does  
communicating his u  
a finished thing.

#### Stage 7

Therapist response  
present feelings. I  
intensity of most u  
responses move only  
own awareness, so t  
recognized by the c  
on his own to more  
therapist may commu  
moving towards more  
7 is distinguishabl  
therapist response

toward emotionally significant  
in the direction of pointing

#### Stage 8

Therapist accurately in  
present, acknowledged feeling  
deeply-shrouded of the client  
meaning in the client's experience  
scarcely aware, there are re  
accuracy of his understanding  
tentatively. He moves into  
are only hinted at by the client's  
sensitivity and accuracy. The  
explanations or additions to  
that not only are underlying  
are specifically talked about  
life may be new but it is not  
sensitive to his mistakes and  
response in midstream, indicating  
what is being talked about as  
the patient's own exploratory  
togetherness with the patient's  
exploration. His voice tone  
depth of his empathic grasp.

Stage 9

Therapist unerringly responds to the client's full range of feelings in their exact intensity. Without hesitation, he recognizes each emotional nuance and communicates an understanding of every deepest feeling. He is completely attuned to the client's shifting emotional content; he senses each of the client's hints into a full-blown but tentative elaboration of feelings or experience with unerring sensitive accuracy. Both a precision in understanding and a precision in the communication of this understanding are present. Both are expressed and experienced by the therapist without hesitancy.



## APPENDIX E

A Scale for the Rating of Congruence  
(Kiesler, 1967)Stage 1

There is clear evidence of a discrepancy between the therapist's experiencing of the client and his current communication. The therapist contradicts the content of his verbalization with the voice qualities or nonverbal cues which are evident.

Stage 2

The therapist communicates information to the client in response to the client's questioning, but his response has a phony, deceptive, or 'half-truth' quality. The therapist does not speak openly and easily, but seems to be hedging, or covering up areas of ignorance, or avoiding revealing professional "secrets". There is a definite uneasiness and forces quality to his voice tone and pacing. He is not expressing accurately his uneasiness about not possessing the information the client wants, but is rather trying to express the picture of composure to the client, when this is not the case.

Stage 3

The therapist does not contradict his feelings about the client, but neither does he communicate his exact

feelings toward the client.  
nor incongruent, but a congr

#### Stage 4

The therapist communicates  
either spontaneously or in  
questioning, rather than with  
professional reasons. The  
about mental illness general  
mental illness, about employing  
people known to both. The  
information he has as well  
easily, admits areas of ignorance  
attempting to give the client  
unsure. There is no attempt

#### Stage 5

The therapist communicates  
feelings, both positive and  
given moment - without translating  
into professionalism.

## APPENDIX F

Tentative Scale for the Measurement of  
Unconditional Positive Regard  
(Truax 1962)Stage 1

The therapist is actively offering advice or giving clear negative regard. He may be telling the patient what would be best for him, or may be in other ways actively either approving or disapproving of this behavior. The therapist acts in such a way as to make himself the locus of evaluation. The therapist sees himself as responsible for the patient.

Stage 2

The therapist responds mechanically to the client and thus indicates little positive regard and hence little unconditional positive regard. The therapist may ignore the patient or his feelings or display a lack of concern or interest for the patient. Therapist ignores client where an unconditional positive regard response would be expected -- complete passivity that communicates almost unconditional lack of regard.

Stage 3

The therapist indicates a positive caring for the patient or client but it is a semi-possessive caring in the

sense that he communicates to the client that what the client does or does not do, matters to him. That is, he communicates such things as "it is not all right if you act immorally," "I want you to get along at work," or "it's important to me that you get along with the staff." The therapist sees himself as responsible for the client.

#### Stage 4

The therapist clearly communicates a very deep interest and concern for the welfare of the patient. The therapist communicates a nonevaluative and unconditional positive regard to the client in almost all areas of his functioning. Thus, although there remains some conditionality in the more personally and private areas the patient is given freedom to be himself and to be liked as himself. Thus, evaluations of thoughts and behaviors are for the most part absent. In deeply personal areas, however, the therapist may be conditional so that he communicates to the client that the client may act in any way he wishes except that he be more mature or that he not regress in therapy or that the therapist himself is accepted and liked. In all other areas, however, unconditional positive regard is communicated. The therapist sees himself as responsible to the client.

Stage 5

At this level, the therapist communicates unconditional positive regard without restriction. There is a deep respect for the patient's worth as a person and his rights as a free individual. At this stage, the patient is free to be himself even if this means that he is regressing, being defensive or even disliking or rejecting the therapist himself. At this stage the therapist cares deeply for the patient as a person but it does not matter to him in which way the patient may himself choose to behave. There is a caring for and a prizing of the patient for his human potentials. This genuine and deep caring is uncontaminated by evaluations of his behavior or his thoughts. There is a willingness to equally share the patient's joy and aspirations or his depressions and failures. The only channeling by the therapist may be the demand that the patient communicates personally relevant material.